

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90304 039 ***150.00

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1. Entity Name
ALF'S ANIMAL CAGES & FENCES, INC.



Principal Place of Business
19200 SW 319 ST.
MIAMI, FL 33030

Mailing Address
19200 SW 319 ST.
MIAMI, FL 33030

94055762



2. Principal Place of Business

203 01 SW 318 ST

3. Mailing Address

20301 SW 318 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142004

Chg-P

CR2E034 (10/03)

City & State

MIAMI FL

City & State

MIAMI- FL

4. FEI Number

65-1121486

Applied For

Not Applicable

Zip

33030

Country

USA

Zip

33030

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINA, MAYRA
19200 SW 319 ST.
MIAMI, FL 33030

7. Name and Address of New Registered Agent

Name: PINA MAYRA

Street Address (P.O. Box Number is Not Acceptable)

20301 SW 318 ST

City MIAMI

FL

Zip Code 33030

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PINA, MAYRA
STREET ADDRESS 19200 SW 319 ST
CITY-ST-ZIP MIAMI, FL 33030

☐ Delete

TITLE D
NAME MORALES ALFREDO
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PINA MAYRA
STREET ADDRESS 20301 SW 318 ST
CITY-ST-ZIP MIAMI FL 33030

☒ Change ☐ Addition

TITLE D
NAME MORALES ALFREDO
STREET ADDRESS 20301 SW 318 ST
CITY-ST-ZIP MIAMI- FL 33030

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Mayra Pina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04 305-448-2139

Date

Daytime Phone #