

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-06-2006 90019 050 ***158.75

DOCUMENT # P01000070608

1. Entity Name
ADA PET SHOP, CORP.



Principal Place of Business

**6787 W FLAGLER ST
MIAMI, FL 33144**

Mailing Address

**6787 W FLAGLER ST
MIAMI, FL 33144**

DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1125295

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TORRES, INELDA
6787 W FLAGLER ST
MIAMI, FL 33144**

delete

**DO NOT WRITE
IN THIS SPACE**

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] President

2/22/06

Signature, typed or printed name of registered agent and also of registrant.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MARTINEZ, PEDRO
6787 W FLAGLER ST
MIAMI, FL 33144**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SARDINAS, WILLIAM
6787 W FLAGLER ST
MIAMI, FL 33144**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
STOREY, RONALD
6787 W FLAGLER ST
MIAMI, FL 33144**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]

2/22/06 305-498-8215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone



ATTACHMENT
66006670

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

ADA PET SHOP, CORP.
6787 W FLAGLER ST
MIAMI, FL 33144

Subject: ADA PET SHOP, CORP.

Reference Number: P01000070608

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION

ATTACHMENT
Division of Corporations

66006620

Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number P01000070608
Business Entity Name ADA PET SHOP, CORP.
FEI Number 651125295
FEI Number Status
Certificate of Status Desired Yes
Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 6787 W FLAGLER ST
Suite, Apt. #, etc.
City, State MIAMI, FL
Zip Code & Country 33144

Mailing Address

Address 6787 W FLAGLER ST
Suite, Apt. #, etc.
City, State MIAMI, FL
Zip Code & Country 33144

Name and Address of Registered Agent

Name (Last, First, Middle, Title) MARTINEZ, PEDRO
Address 6787 W FLAGLER ST
Suite, Apt. #, etc.
City, State MIAMI, FL
Zip Code & Country 33144 US
Registered Agent Signature PEDRO MARTINEZ

Officer/Director Name and Address

Title P
Name (Last, First, Middle, Title) MARTINEZ, PEDRO
Street Address 6787 W FLAGLER ST
City, State MIAMI, FL
Zip Code & Country 33144

Title V
Name (Last, First, Middle, Title) SARDINAS, WILLIAM
Street Address 6787 W FLAGLER ST
City, State MIAMI, FL
Zip Code & Country 33144

Title
Name (Last, First, Middle, Title) ST
Street Address STOREY, RONALD
City, State 6787 W FLAGLER ST
Zip Code & Country MIAMI, FL
33144

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#P01000070608

Title P
Officer/Director Signature PEDRO MARTINEZ

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Document Number

P01000070608

Business Entity Name

ADA PET SHOP, CORP.

FEI Number

651125295

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

6787 W FLAGLER ST

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33144

Mailing Address

Address

6787 W FLAGLER ST

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33144

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

MARTINEZ

PEDRO

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

6787 W FLAGLER ST

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33144

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Pedro Martinez

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

forgery under s.831.06, Florida Statutes.

ATTACHMENT

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment

Title

P

Name (Last, First, Middle, Title)

MARTINEZ

PEDRO

- OR -

Entity Name to serve as
Officer/Director

Street Address

6787 W FLAGLER ST

City, State

MIAMI

FL

Zip Code & Country

33144

Title

V

Name (Last, First, Middle, Title)

SARDINAS

WILLIAM

- OR -

Entity Name to serve as
Officer/Director

Street Address

6787 W FLAGLER ST

City, State

MIAMI

FL

Zip Code & Country

33144

Title

ST

Name (Last, First, Middle, Title)

STOREY

RONALD

- OR -

Entity Name to serve as
Officer/Director

Street Address

6787 W FLAGLER ST

City, State

MIAMI

FL

Zip Code & Country

33144

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

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#PO1800070608

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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