

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90268 040 ***150.00

DOCUMENT # P01000070618

1. Entity Name
PUPPY MAGIC, INC.



Principal Place of Business
**6810 SW 195TH AVENUE
PEMBROKE PINES, FL 33332**

Mailing Address
**6810 SW 195TH AVENUE
PEMBROKE PINES, FL 33332**

20041192



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1134790

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORENO, ISABEL C
18796 NW 24 PL
PEMBROKE PINES, FL 33029**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

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
**VP
MORENO, CARLOS M
18796 NW 24TH PLACE
PEMBROKE PINES, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
HURTADO, EMILIA
18796 NW 24TH PLACE
PEMBROKE PINES, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MORENO, CRISTINA
18796 NW 24TH PLACE
PEMBROKE PINES, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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: *Isabel C. Moreno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #