## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 08:00 AM Secretary of State

ANNUAL REPORT					Apr 28, 2008 08:0			
1. Entity Nam	MENT # P0100007 THE DOG CORPORATI				Secret	ary of S1		
Principal Plac	e of Business	Mailing Address		1				
3350 BOCA I BOCA RATON	RATON BLVD, SUITE A-44 I, FL 33431 US	3350 BOCA RAT ON BLVD, BOCA RAT ON, FL 33431	, SUITE A-44 US		((	)   ••    ••     •      •      •	<b>n</b> i arni <b>sh</b> ikan iz 18 <b>a</b> z	
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DO NOT WRITE IN THIS SPA			MACE	02152008	No Chg-P	CR2E034 (	11/05)	
L	O NOT WRIT	E IN THIS SP	115 SPACE		er		Applied For	
				57-114	12708	60	Not Applicable 75 Additional	
				5. Certificate	of Status Desired		Required	
	6. Name and Address of Curre	nt Registered Agent						
	D, SAM S A RATON BLVD, SUITE A-4 TON, FL 33431			NOT W THIS SF				
8. The above	named entity submits this statement	for the purpose of changing its reg	gistered office or registe	red agent, or bo	oth, in the State of FI	orida I am Iamil	iar with, and accept	
the obligat	ions of registered agent							
SIGNATURE_	Signature, typed or printed name of registered ag	ent and uite if applicable (NOTE Re	gistered Agent signature require	d when reinstating)		DATE	<del></del>	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$556	9, Election Campaign	Financing \$5	.00 May Be led to Fees				
10.	OFFICERS AN	ID DIRECTORS		, <u>, , , , , , , , , , , , , , , , , , </u>	L	.,		
TITLE	D CALIENDO CAME		1					
NAME STREET ADDRESS	CALIENDO, SAM S 3350 BOCA RATON BLVD, SL	JITË A-44						
CITY ST-ZIP	BOCA RATON, FL 33431				HODO	00020001		
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STREET ADDRESS CITY-ST-ZIP			1					
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STREET ADDRESS								
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12. Thereby certify that the information supplied with this filling 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 five empowered.

SIGNATURE: \_

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 416-2200

Daytime Phone #

Date