

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90289 029 ***150.00

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03162006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000087256					
1. Entity Name MACAW PET SHOP CORP.					
Principal Place of Business 556 W 29 ST HIALEAH, FL 33012			Mailing Address 556 W 29 ST HIALEAH, FL 33012		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1130229			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOPEZ, SERGIO 556 W 29 ST HIALEAH, FL 33012			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 <i>Maria T Alfonso</i> (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D LOPEZ, SERGIO H 556 W 29 ST HIALEAH, FL 33012	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(MARIA T ALFONSO) <i>Maria T Alfonso</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP PEREZ, JUAN J 556 W 29 ST HIALEAH, FL 33012	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	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 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: <i>Maria T Alfonso</i>			4/5/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		