## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED May 02, 2003 8:00 am Secretary of State

DOCUMENT # P01000113776					05-02-2003 90238 041 ***150.00		
Clip N'	Care Professional Pet (	Grooming Servi	ce,				
	DO NOT WRITE	IN THIS S	SPAC	<b>E</b>			
2. Principal P	lace of Business	3. Mailing Address	namanana Marana	nadarah napahanan			
30846 Apawamis Dr.		30846 Apawamis Dr.					
Suite, Apt. #, etc.		Suite, Apt, #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Mount Plymouth, FL		City & State Mount Plymouth, FL			4. FEI Number 02-0605082		Applied For Not Applicable
32776	Country	32776	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
HIME				Name Toro	7. Name and Address of Current R	egistered A	Agent
TO NOT WRITE				Toro, Nuberro.			
======DO-NOT-WRITE				Street_Address (P.O. Box Number is Not Acceptable)			
	IN THIS SP	AGE		7345 Sand Lake RD, # 204			
				City Orlando	,	FL	Zip Code 32819
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 abligations of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent	and title if agreements	MOTE: Benisterer	d Agent signature required	ween renotation.	DATE	
l "dd gydai	nuary 1 - May 1 Fee is \$150.00	TOP A T	OTE. Negrale: et	D WASHING AND INTERIOR AND			
After May (1 Fee is \$550.00 )					<ol> <li>9. Election Campaign Finar Trust Fund Contribution.</li> </ol>	ncing	\$5.00 May Be Added to Fees
	Payable to Florida Department of OFFICERS AND		I iv bon	ent de complete en encomplete produits		Chara mining because	Hartingan Labour 1 (Challan Victorials (Prail
10.			Harch	and the second of the last transmission			
NAME	DP Aguiar, Vanes 30846 Apawamis Dr.	ssa J.	NAM!				
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NAME	D Cardoso, Carlos 30846 Apawamis Dr.						
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CITY-ST-ZIP	,		+5537++	ST-ZIP.			
NAME			STITLE STITLE SNAME	PERMITTED TO THE			
STREET ADDRESS			<b>EFFERIN</b>	FT ADDRESS			
CITY-ST-ZIP	L		S44,024(.)	SICZIPACIA PROGRAM			
indicated.	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp	strue and accurate and th	at my sionat	ure shall have the:	same legal effect as it made under ga	th: that I am	an officer or director

SIGNATURE: \_

(321)217-9697