

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

4/26/2004 May 24, 2004 08:00 AM
 Secretary of State

DOCUMENT # P02000064874

1. Entity Name
FRANCISCO PET SHOP, INC.

Principal Place of Business: **3679 NW 99 STREET MIAMI FL 33147-1967**
 Mailing Address: **3679 NW 99 STREET MIAMI FL 33147-1967**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ Zip: _____ Country: _____

4. FEI Number: **04-3691759** Applied For: Not Applicable:

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



MOORE CR2E034 (11/03)

8. Name and Address of Current Registered Agent
PADRON, TANIA
3679 NW 99 STREET
MIAMI FL 33147-1967

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: _____ DATE: _____
Signature typed or printed name of registered agent and fee 4 applicable (NOTE: Registered Agent signature required when forgoing)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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: PD <input type="checkbox"/> Delete	NAME: PADRON, TANIA	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3679 NW 99 STREET	CITY-ST-ZIP: MIAMI FL 33147-1967		
TITLE: <input type="checkbox"/> Delete	NAME:	U00000161404 <input type="checkbox"/> Change <input type="checkbox"/> Addition	05/24/04-80007-002 150.00
STREET ADDRESS:	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tania Padron President Date: 4-23-2004 Daytime Phone #: (305) 688-6177