


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

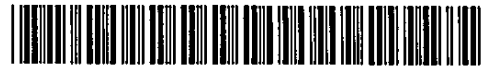
FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90135 001 *1,200.00

DOCUMENT # P02000092908	
1. Entity Name PAW PRINTS GROOMING INC.	

Principal Place of Business 2934 W TRADE AVE. COCONUT GROVE, FL 33133	Mailing Address 2934 W TRADE AVE. COCONUT GROVE, FL 33133
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66012501



04052008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0642208	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GOMEZ, FRANCISCO 2934 W TRADE AVE. MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD GOMEZ, FRANCISCO 2934 W TRADE AVE. COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GONZALEZ, GINA 345 OCEAN DR #805 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/08

Date Daytime Phone #