

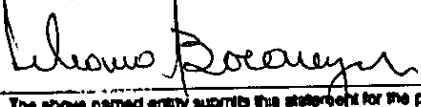
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04/29 '03

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91162 005 ***158.75

DOCUMENT # P02000103933			
1. Entity Name ALL FOR PETS, CORP.			
Principal Place of Business 9715 WEST BROWARD BLVD PMB 151 GREENS OF LAGO MAR MALL PLANTATION, FL 33324-132 36		Mailing Address 9715 WEST BROWARD BLVD PMB 151 GREENS OF LAGO MAR MALL PLANTATION, FL 33324-132 36	
2. Principal Place of Business 13236 West Broward Bv Suite, Apt. #, etc.		3. Mailing Address 13236 West Broward Bv Suite, Apt. #, etc.	
Lago Mar Mall City & State Plantation, Florida		Lago Mar Mall City & State Plantation, Florida	
Zip 33325	Country Broward	Zip 33325	Country Broward
4. FEI Number 11-3655577		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BOCANEGRA, LILIANA 1271 PEREGRINE WAY WESTON, FL 33327 		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 _____ Signature must be printed name of registered agent and date of registration.		DATE _____ (NOTE: Registered Agent Signature should appear within 30 days)	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PS BOCANEGRA, LILIANA 1271 PEREGRINE WAY WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPT BOCANEGRA, LILIANA 1271 Peregrine Way Weston, FL 33327 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VT CARDONA, GLORIA 1431 CAPRI LANE 6204 WESTON, FL 33328 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PS BELTRAN JOHN JAIRO 1271 Peregrine Way Weston, FL. 33327 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 in an attachment with an address, with all other like empowered.			
SIGNATURE: 		04/30/03 (954) 916-9995	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR		Date Officer Phone #	