
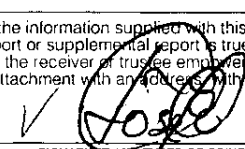


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90105 004 ***150.00

DOCUMENT # P02000104027 1. Entity Name BALA SHARK PET SHOP CORP.					
Principal Place of Business 1803 SW 8 ST MIAMI, FL 33135			Mailing Address 1803 SW 8 ST MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1630519	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VERDURA, JOSE E 1817 SW 8 ST MIAMI, FL 33135			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME VERDURA, JOSE E		TITLE 		
STREET ADDRESS 1803 SW 8 ST	CITY-ST-ZIP MIAMI, FL 33135		NAME 		
CITY-ST-ZIP MIAMI, FL 33135	 		STREET ADDRESS 		
TITLE 	NAME 		CITY-ST-ZIP 		
STREET ADDRESS 	CITY-ST-ZIP 		TITLE 		
CITY-ST-ZIP 	NAME 		STREET ADDRESS 		
TITLE 	NAME 		CITY-ST-ZIP 		
STREET ADDRESS 	CITY-ST-ZIP 		TITLE 		
CITY-ST-ZIP 	NAME 		STREET ADDRESS 		
TITLE 	NAME 		CITY-ST-ZIP 		
STREET ADDRESS 	CITY-ST-ZIP 		TITLE 		
CITY-ST-ZIP 	NAME 		STREET ADDRESS 		
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: 			Date: 4-23/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: (786)-419-2892		