

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90357 046 \*\*\*150.00

**DOCUMENT # P03000007509**

1. Entity Name

**WAGS TO WISHES DOGGIE DAY CARE, INC.**



Principal Place of Business

**7601 EAST TREASURE DR., CU#10  
NORTH BAY VILLAGE, FL 33141**

Mailing Address

**7601 EAST TREASURE DR., CU#10  
NORTH BAY VILLAGE, FL 33141**



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**01-0762376**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LIMA, SOPHIA  
7505 WEST TREASURE DR.  
NORTH BAY VILLAGE, FL 33141**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MARQUET, BARBARA  
STREET ADDRESS 7505 WEST TREASURE DR.  
CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

TITLE TD  
NAME LIMA, SOPHIA  
STREET ADDRESS 7505 WEST TREASURE DR.  
CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141

TITLE  
NAME  
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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

**SOPHIA LIMA**

Date

**4/27/06**

Daytime Phone #