

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90117 004 ***150.00

DOCUMENT # P03000014188

1. Entity Name
ALL STAR PET SALON, INC.



Principal Place of Business
941 LARSON DRIVE
ALTAMONTE SPRINGS, FL 32714

Mailing Address
941 LARSON DRIVE
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business
940 Douglas Avenue

3. Mailing Address
940 Douglas Avenue

Suite, Apt. #, etc.
Suite 170

Suite, Apt. #, etc.
Suite 170

City & State
Altamonte Springs FL

City & State
Altamonte Springs FL

Zip
32714

Country
USA

Zip
32714

Country
USA

05012005

Chg-P

CR2E034 (10/03)

4. FEI Number
51-0447000

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINBURG, HENRY H
~~941 LARSON DRIVE~~ 940 Douglas Avenue, Suite 170
ALTAMONTE SPRING, FL 32714

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WEINBURG, HENRY H
STREET ADDRESS ~~941 LARSON DRIVE~~ 940 Douglas Ave #170
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
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TITLE ☐ Change ☐ Addition
NAME
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)(i), 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: Henry H. Weinburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05

Date

4078628672

Daytime Phone #