

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000027876

1. Entity Name
THE PET HOUSE CLINIC, CORP.



Principal Place of Business
**6800 COLLINS AVE
MIAMI BEACH, FL 33141**

Mailing Address
**6800 COLLINS AVE
MIAMI BEACH, FL 33141**



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0772020

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PAEZ-CASTRO, OSCAR C
8544 SW CUTLER CT
MIAMI, FL 33189**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000948496
06/02/08-80057-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PAEZ-CASTRO, OSCAR C
STREET ADDRESS 440 SW 23RD RD
CITY-ST-ZIP MIAMI, FL 33129

TITLE SD
NAME VALENCIA, MIRTHA A
STREET ADDRESS 7125 NW 186 ST #406B
CITY-ST-ZIP MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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

Oscar Paez-Castro
President

04/28/08
Date

(305) 868-1718
Daytime Phone #