

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

04-10-2007 90018 023 ***150.00

DOCUMENT # P03000042538 1. Entity Name PORT MALABAR PET STYLIST, INC.					
Principal Place of Business 5275 BABCOCK ST. NE #9 PALM BAY, FL 39205				Mailing Address 5275 BABCOCK ST. NE #9 PALM BAY, FL 39205	
2. Principal Place of Business - No P.O. Box # 6050 Babcock St.		3. Mailing Address 6050 Babcock St.			
Suite, Apt. #, etc. 16		Suite, Apt. #, etc. 16		05212007 Chg-P CR2E034 (12/06)	
City & State Palm Bay, FL.		City & State Palm Bay, FL.		4. FEI Number 05-0565181	
Zip 32907		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBSON, JANET 5275 BABCOCK ST. NE #9 PALM BAY, FL 39205				7. Name and Address of New Registered Agent Name Gibson, Janet Street Address (P.O. Box Number is Not Acceptable) 6050 Babcock St. Suite 16 City Palm Bay FL Zip Code 32907	
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: <u><i>Jan Gibson</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, JANET 734 BIANCA DR. NE PALM BAY, FL 39205	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, RAYMOND E 3600 WOODLAKE DR., APT. 201 PALM BAY, FL 32905	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Jan Gibson</i></u> Date: _____ Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					