

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070248

Entity Name: PETAL'S CARE INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1765 NW 189 TERR
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

1765 NW 189TH TERRACE
MIAMI, FL 33056

New Mailing Address:

FEI Number: 65-1198636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, TREVOR
115 NE 132ND TERR.
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEE, TREVOR
Address: 115 NE 132 TERRACE
City-St-Zip: MIAMI, FL 33161

Title: VP () Delete
Name: LEE, JOAN O
Address: 115 NE 132 TERRACE
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREVOR LEE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date