
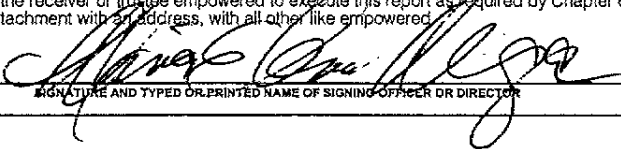
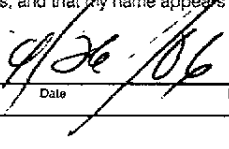


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000071093 1. Entity Name PETS IN THE CITY, INC.		
Principal Place of Business 15505 BULL RUN ROAD MIAMI LAKES, FL 33014	Mailing Address 15505 BULL RUN ROAD MIAMI LAKES, FL 33014	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VEGA, MARIAELENA 15575 MIAMI LAKEWAY NORTH #205 MIAMI LAKES, FL 33014		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000557937 05/17/06-80074-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VEGA, MARIA ELENA 15505 BULL RUN ROAD, #205 MIAMI LAKES, FL 33014	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VEGA, NANCY 3224 WEST 14 AVE. HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date  Daytime Phone # _____