


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90003 024 \*\*\*150.00

<b>DOCUMENT # P03000077674</b>			
1. Entity Name <b>ALL PUPPIES, INC.</b>			
Principal Place of Business <b>4323 W KENNEDY BLVD TAMPA FL 33609</b>		Mailing Address <b>4323 W KENNEDY BLVD TAMPA FL 33609</b>	
2. Principal Place of Business <b>4323 W Kennedy Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>4323 W Kennedy Blvd</b> Suite, Apt. #, etc.	
City & State <b>Tampa, Florida</b> Zip <b>33609</b> Country <b>EEUU</b>		City & State <b>Tampa, Florida</b> Zip <b>33609</b> Country <b>EEUU</b>	
4. FEI Number <b>41-2102937</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SERNA, MARIA M 10124 ARBOR RUN DR TAMPA FL 33647</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SERNA, MARIA M 10124 ARBOR RUN DR TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Maria M. Serna</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>813 288 4929</u> Daytime Phone #	

24000011



MOORE

CR2E034 (4/04)

08-22-04

Attachment 24080377

POB0000097474

My name is Maria Serna, I'm the owner  
the All Puppies, Inc., I create the corporation  
one year before and I believed I will  
be renew one year later, I did not  
receive prior notice. I called to your  
office and was talking with somebody  
about this, and told me write a letter  
and explain the situation, that way  
you waiver to pay the penalty.

Thanks, ---

Maria M. Serna

