## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 10, 2004 8:00 am Secretary of State

DOCUMENT # P020001141/6			Secretary of State		
DOCUMENT # PO300 1. Entity Name Puppy House INT	er NATIONAL CORP		05-10-2004 90481 03		
DO NOT WRITE	E IN THIS SI	PACE			
2. Principal Place of Business 108555W72-5+					
Suite, Apt. #, etc. # 2.5			DO NOT WRITE IN THIS SPACE		
City & State  City & State  City & State			4. FEI Number	Applied For Not Applicable	
Zip 75 Country DADE	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
7.			7. Name and Address of Current Registered Agent		
Name					
DO NOT WRITE			Rolando Lopez		
	Street Address (	Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE			<u>C RG IIVSI</u>		
		MIA	mi		
		City	F	L Zp Code	
8. The above named entity submits this statement of the obligations of registered agent.  SIGNATURE  Rolando Lope 7  Signature, typed or printed name of registered agent.	Sple	registered office or register  E. Registered Agent signature required	4-28-0		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of		E. negislered Agent signature required	9. Election Campaign Financing	\$5.00 May Be Added to Fees	
10. OFFICERS AND	DIRECTORS	es and seeder segmentations on the			
TITLE PRESIDENT		TITLE			
NAME ROLANDO LOPEZ	•	NAME		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS 3 1 30 900 1 7 21	×5	STREET ADDRESS		Q	
STREET ADDRESS CITY-ST-ZIP  ROLLANCIO 2017 ST 3 2 30 36 17 ST MINMI FL 3 31		CITY+ST-ZIP		CONTROL OF THE CONTRO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  MIAMINE FROM THE		TITLE			
NAME ROIANDOLOST		NAME		Ι	
STREET ADDRESS 3230 /VW 12313	5	STREET ADDRESS			
CITY-ST-ZIP MIA PL 3313		Crity-ST-ZIP			
TITLE		THILE			
NAME		NAME			
STREET ADDRESS			STREET ADDRESS  CITY-ST-ZP  DO NOT WRITE		
CITY-ST-ZIP		CITY: ST-ZIP	transfer or markets. The first continuous are the rest of the continuous states of the continuous and the continuous states of the continuous and the continuous states of		
TITLE		TITLE			
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
· <del></del>				Particular Alexandra Securitaria de la companya de	
NAME		TITLE NAME			
NAME STREET ANDRESS		ATTEC ADDOCCO			

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Rolando Lofe 2.

CITY-ST-ZIP

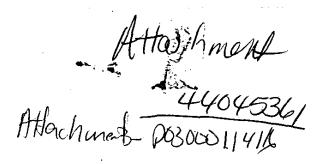
CITY-ST-ZIP

NAME STREET ADDRESS

FICER OR DIRECTOR

4-28.04 786587752

Daytime Phor



RESIDENT 10855 SW 72 ST STE 25 MIAMI FL 33175

Request taken by: shyoung 04-27-2004

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

thanks for the Approprion

ANY Rolando Lopez