

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90576 009 \*\*\*150.00

DOCUMENT # P03000127077

1. Entity Name  
ANIMAL MARKET, INC.



Principal Place of Business  
8529 N. MILITARY TRAIL, SUITE 1  
PALM BCH GARDENS, FL 33410

Mailing Address  
8529 N. MILITARY TRAIL, SUITE 1  
PALM BCH GARDENS, FL 33410

2. Principal Place of Business  
4382 Northlake Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Palm Beach Gardens  
Zip  
33410

City & State  
Country  
U.S.

01312004 Chg-P CR2E034 (10/03)

4. FEI Number  
32-0101991

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIKLIN, ALAN J  
515 N. FLAGLER DR., 17TH FLOOR  
W. PALM BCH, FL 33401

7. Name and Address of New Registered Agent

Name  
Carrie S. Gruber  
Street Address (P.O. Box Number is Not Acceptable)  
1259 N. Military Tr. #1  
City  
P.B.G. FL Zip Code  
33410

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

*[Signature]*

4/9/04

Signature, typed or printed name of registered agent and 100% responsible.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	GRUBER, CARRIE	8529 N. MILITARY TRAIL, SUITE 1	PALM BCH GARDENS, FL 33410	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04

Date

561 6249610

Daytime Phone #