2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149212

230 174 ST. #MO3

SUNNY ISLES BEACH, FL 33160 US

Address: City-St-Zip:

Entity Name: SOBE DOG-O-MATIC, INC.

FILED Jan 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 230 174 ST, STE M 03 933 WASHINGTON AVENUE SUNNY ISLES BEACH, FL 33160 MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 230 174 ST, STE M 03 230 174 ST, STE SUNNY ISLES BEACH, FL 33160 MO3 SUNNY ISLES BEACH, FL 33160 US FEI Number: 51-0496377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROSENTHAL, STEPHEN B 8142 N UNIVÉRSITY DR TAMARAC, FL 33321 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PASKOW, AUDREY PASKOW, AUDREY Name: Name: 230 174 ST, STE M 03 230 174 ST, STE #M 03 Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: SUNNY ISLES BEACH, FL 33160 Title: (X) Delete Title: () Change () Addition SUSIE. WARSHAW D Name: Name: 5225 COLLINS AVE. #1206 Address: Address: MIAMI BEACH, FL 33140 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition STUART, PASKOW I Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: AUDREY PASKOW D 01/18/2005