CAROLMITCHELL Fax : 813-842-9901

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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90471 002 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000007261

1. Entity Name
ANN MARIE'S MOBILE GROOMING, INC.

Principal Place of Business	Mailing Address
10201 WILLOW DR PORT RICHEY, FL 34668	10201 WILLOW DR PORT RICHEY, FL 34668

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7105 CLARK ROAD	7105 CLARK ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA, FL
Zip: 34241 Country: USA	Zip: 34241 Country: USA

4. FEI Number: 20-0619370 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD DE LA TORRE, ANA M 10201 WILLOW DR PORT RICHEY, FL 34668	☐ Delete	PTD DE LA TORRE ANA M. 7105 CLARK ROAD SARASOTA, FL. 34241	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RADA, ROCIO 10201 WILLOW DR PORT RICHEY, FL 34668	☐ Delete	SD RADA ROCIO 7105 CLARK ROAD SARASOTA, FL. 34241	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Ana M. de la Torre 4/28/2005 941-9242288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #