

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED

06-27-2005 90004 038 ***150.00
P04000058315

FILED

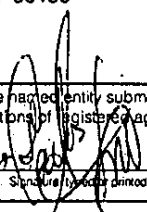
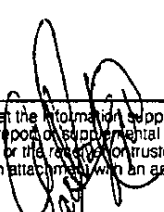
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Ecker AUG 04 2005



05092005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000058315					
1. Entity Name PERFECT GROOMING CORPORATION					
Principal Place of Business 7840 S. W. 32ND TERRACE MIAMI, FL 33155			Mailing Address 7840 S. W. 32ND TERRACE MIAMI, FL 33155		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 71-0967792	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALBA, JUAN C 7840 S. W. 32ND TERRACE MIAMI, FL 33155			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: 06/21/05					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			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	PRES	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALBA, JUAN C		NAME		
STREET ADDRESS	7840 S. W. 32ND TERRACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33155		CITY - ST - ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALBA, JUAN C		NAME		
STREET ADDRESS	7840 S. W. 32ND TERRACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33155		CITY - ST - ZIP		
TITLE	SEC.	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALBA, JUAN C		NAME		
STREET ADDRESS	7840 S. W. 32ND TERRACE		STREET ADDRESS		
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TITLE	TREA	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALBA, JUAN C		NAME		
STREET ADDRESS	7840 S. W. 32ND TERRACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33155		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 registered 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: 			06/21/05 786 306 9718		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		