APPROVED
AND
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06-27-2005 90004 038 ***150.00
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# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 AUG 04 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Ecke AUG 04 2005

DOCUMENT # P04000058315

1. Entity Name
PERFECT GROOMING CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 7840 S. W. 32ND TERRACE<br>MIAMI, FL 33155 | 7840 S. W. 32ND TERRACE<br>MIAMI, FL 33155 |

05092005 Chg-P CR2E034 (10/03)

| 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<br>7840 S. W. 32ND TERRACE<br>MIAMI, FL 33155 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: Signature of, and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 06/21/05

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PRES<br>ALBA, JUAN C<br>7840 S. W. 32ND TERRACE<br>MIAMI, FL 33155 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ALBA, JUAN C<br>7840 S. W. 32ND TERRACE<br>MIAMI, FL 33155 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SEC.<br>ALBA, JUAN C<br>7840 S. W. 32ND TERRACE<br>MIAMI, FL 33155 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREA<br>ALBA, JUAN C<br>7840 S. W. 32ND TERRACE<br>MIAMI, FL 33155 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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:** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 06/17/05 Daytime Phone # 786 306 9718