


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/11/2007-90006-013-\$550.00-\$550.00

DOCUMENT # P04000099197

1. Entity Name
AMAZONAS DOG SPA, INC.




Principal Place of Business
**1040 71ST STREET
#100
MIAMI BEACH FL 33141**

Mailing Address
**1040 71ST STREET
#100
MIAMI BEACH FL 33141**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
07 SEP 26 PM 2:17
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2nd MOORE CR2E034 (4/07)

4. FEI Number **77-0639933** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**DE SOUZA, LUIZ A
1040 71ST STREET
#100
MIAMI BEACH FL 33141**

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 _____ (NOTE: Registered Agent signature required when registered)
Signature, typed or printed name of registered agent and title if applicable (DATE)

**FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007**

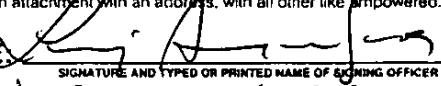
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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	D DE SOUZA, LUIZ A 1040 71ST STREET #100 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  **9-22-07 3053033603**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
**LUIZ A. DESOUSA
DIRECTOR (OWNER)**

Date Daytime Phone #