2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State
01-22-2008 90070 023 ***150.00

DOCUMENT # P04000112965

1. Entity Name
COSMOPET ~~GROMMING~~ GROOMING INC

Principal Place of Business	Mailing Address
~~2004 MICHIGAN AVE~~ 1441 ORCHID LN KISSIMMEE, FL 34744 US	~~2004 MICHIGAN AVE~~ 1441 ORCHID LN KISSIMMEE, FL 34744 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1441 ORCHID LN	1441 ORCHID LN
Suite, Apt. #, etc.: KISSIMMEE	Suite, Apt. #, etc.: KISSIMMEE
City & State: FLORIDA	City & State: FLORIDA
Zip: 34744 Country: Osceola	Zip: 34744 Country: Osceola

01092008 Chg-P CR2E034 (12/06)

4. FEI Number: 20-1448343 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~CAMRO ENTERPRISES & ACCOUNTING SERVICES IN~~
~~2006 MICHIGAN AVE~~
~~KISSIMMEE, FL 34744~~

7. Name and Address of New Registered Agent

Name: Accounting Techs, Inc.
Street Address (P.O. Box Number is Not Acceptable): 1106 Plaza Drive
City: Kissimmee FL Zip Code: 34743

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	WELDON, NYDIA C	
STREET ADDRESS	1441 ORCHID LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	VP	☐ Delete
NAME	KANTAIA, KESSICA	
STREET ADDRESS	1020 OCEAN ST.	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
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TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: [signature] 1-09-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #