

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90050 023 ***150.00

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01062005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000120889 1. Entity Name POODLE DOODLE.COM MOBILE PET GROOMING, INC.					
Principal Place of Business 2227 HAYS STREET HOLLYWOOD, FL 33020			Mailing Address 2227 HAYS STREET HOLLYWOOD, FL 33020		
2. Principal Place of Business 2640 NE 205TH ST.		3. Mailing Address 2640 NE 205TH ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Aventura FL		City & State Aventura FL		4. FEI Number 57-1211854	
Zip 33180		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRANDSTEIN, MELANIE 2227 HAYS STREET HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2640 NE 205TH ST City Aventura FL Zip Code 33180		
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 <u>Melanie Brandstein</u> DATE <u>4/1/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST BRANDSTEIN, MELANIE 2227 HAYS STREET HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2640 NE 205TH ST. Aventura FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Melanie Brandstein</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/1/05</u> Daytime Phone # <u>954 924 1990</u>		