## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 20, 2008 8:00 am Secretary of State **DOCUMENT # P04000120889** 03-20-2008 90030 004 \*\*\*185.00 POODLE DOODLE.COM MOBILE PET GROOMING, INC. Principal Place of Business Mailing Address 2640 NE 205TH STREET 2640 NE 205TH STREET 50000373 MIAMI, FL 33180 MIAMI, FL 33180 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262008 CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 57-1211854 Not Applicable Zip Country Country Zip \$8.75 Additional 5, Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRANDSTEIN, MELANIE Street Address (P.O. Box Number is Not Acceptable) 2640 NE 205TH STREET MIAMI, FL 33180 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRANDSTEIN, MELANIE NAME STREET ADDRESS **2640 NE 205TH STREET** STREET ADDRESS CITY-ST-71P MIAMI, FL 33180 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition WILLIAMS, KIRK NAME NAME STREET ADDRESS STREET ADDRESS 3740 INVERRARY DRIVE E1R CITY-ST-ZIP LAUDERHILL, FL 33319 CITY-ST-ZIP HIGE ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete TTUE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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 altrother/like empowered.

SIGNATURE:

FILED