



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2008 8:00 am**  
**Secretary of State**

08-04-2008 90033 033 \*\*\*150.00

<b>DOCUMENT # P05000013802</b>			
1. Entity Name LOVELY PET GROOMING CORP.			
Principal Place of Business 820 SW 129TH PLACE SUITE 207 MIAMI, FL 33184		Mailing Address 820 SW 129TH PLACE SUITE 207 MIAMI, FL 33184	
2. Principal Place of Business - No P.O. Box # 900 SW 129 PL		3. Mailing Address 900 SW 129 PL	
Suite, Apt. #, etc. STE 103		Suite, Apt. #, etc. STE 103	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33184	Country DADE	Zip 33184	Country DADE
6. Name and Address of Current Registered Agent BETANCOURT, JUAN C 820 SW 129 PL STE 103 #207 MIAMI, FL 33189		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETANCOURT, JUAN C 820 SW 129 PL #207 MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900 SW 129 PL STE 103 MIAMI FL 33184
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
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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 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: 		8/1/08 6786/326-1097 Date Daytime Phone #	

60046218



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4. FEI Number 23-1908959 Applied For Not Applicable

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