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Aug 15, 2006 8:00 am
Secretary of State
05-03-2006 90195 031 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000050851

1. Entity Name
SUPER DOG TITLE COMPANY

66U23110

Principal Place of Business	Mailing Address
399 WEST PALMETTO PARK RD. SUITE 108 BOCA RATON, FL 33432	399 WEST PALMETTO PARK RD. SUITE 108 BOCA RATON, FL 33432

04192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1499 W. Palmetto Park Rd.	1499 W. Palmetto Park Rd
Suite, Apt. #, etc. 412	Suite, Apt. #, etc. 412
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33486 Country US	Zip 33486 Country US

4. FEI Number 20-2777977 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GERSTIN, JOSHUA
399 WEST PALMETTO PARK RD.
108
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name Gerstin Joshua
Street Address (P.O. Box Number is Not Acceptable) 1499 West Palmetto Park Rd. # 412
City Boca Raton FL Zip Code 33486

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] 4/24/06
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, 2006 Fee will be $550.00

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	President Joshua Gerstin 1499 W. Palmetto Park Rd #412, Boca Raton, FL 33486 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/24/06 (561) 750-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #