2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 05, 2006 8:00 am Secretary of State **DOCUMENT # P05000051870** 1. Entity Name 03-06-2006 90029 030 ***150.00 PET POURRIE OF BOCA RATON, INC. Principal Place of Business Mailing Address 4800 NORTHWEST 2ND AVENUE, SUITE 7 BOCA RATON FL 33431 UUUU -4800 NORTHWEST 2ND AVENUE, SUITE 7 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-264 0151 Not Applicable Zip Country \$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 SPIEGEL-&-UTRERA,-P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City 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. Signiture, typed or printers name of registered agent and little if applicable (NOTE: Registered Agent signature required when rowstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State - OFFICERS AND DIRECTORS ADDITIONS/CHANGES JO OFFICERS AND DIRECTORS IN 11 PRESIDENT. TILE Delete TITLE MARK GRITTHER GRITTNER, VIVIANE NAME NAME 4800 HILL, 2ND AUE, SUITE 1 STREET ADDRESS 4800 NORTHWEST 2ND AVENUE, SUITE 7 STREET ADDRESS BOCA RATON FL 33431 CITY-ST-ZIP CITY-ST-ZIP FL, 33431 ☐ Change TITLE Delete ☐ Addition GRITTNER, DAVID NAME NAME STREET ADDRESS 4800 NORTHWEST 2ND AVENUE, SUITE 7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** - MANAGING DIRECTOR Delete M-MANAGING, OFFICER ∑ Change VIVIANE GRITTHER HALAF 4800 NIW. 2ND AUE, SUITE) STREET ADDRESS STREET ADDRESS SUITE 7 CITY-ST-ZIP BOSARATON, FL. 33431 CITY-ST-ZIP BOCG RATON ☐ Delete TITLE ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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. 561-241-5648 SIGNATURE:

FILED