2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1/2006-90310-004-$150.00-$150.00

FILED

06 JUN -9 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000056372

1. Entity Name
FLORIDA PET SERVICES CORPORATION

Principal Place of Business	Mailing Address
620 WEST 71 PLACE HIALEAH, FL 33014	620 WEST 71 PLACE HIALEAH, FL 33014

01242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3321 NW 35th ST.	3321 NW 35th ST.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Miami	City & State: Miami
Zip: 33142 Country: U.S.	Zip: 33142 Country:

4. FEI Number: 20-2694224 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, GUILLERMO 620 WEST 71 PLACE HIALEAH, FL 33014	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: ✓ [signature] 04/21/06
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	PVST LOPEZ, GUILLERMO 620 WEST 71 PLACE HIALEAH, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST LOPEZ Guillermo 3321 NW 35th ST Miami, FL, 33142	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, GUILLERMO 620 WEST 71 PLACE HIALEAH, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ Guillermo 3321 NW 35th St. Miami, FL, 33142	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OC 6/13	☐ Change ☐ 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: ✓ [signature] 04/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #