

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141849

FILED
Jul 02, 2007
Secretary of State

Entity Name: SUPER COMFORT KENNELS, INC.

Current Principal Place of Business:

235 WEST 25TH STREET
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

235 WEST 25TH STREET
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 20-3660582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESTREPO, LEON
235 WEST 25TH STREET
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RESTREPO, LEON
Address: 235 WEST 25TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: SD () Delete
Name: RESTREPO, FABER
Address: 235 WEST 25TH STREET
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON RESTREPO

PD

07/02/2007

Electronic Signature of Signing Officer or Director

_____ Date