## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 21, 2006 8:00 am **Secretary of State** DOCUMENT # P05000154326 1. Entity Name 03-21-2006 90046 036 \*\*\*150.00 DINA'S GROOMING, INC. Principal Place of Business Mailing Address aaaaatTZA 10550 NW 77 COURT 10550 NW 77 COURT #S-202 **#**\$-202 HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 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 Not Applicable Zip \_\_\_. Country Zin\_\_\_ 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 CASTELLANOS, ENEDINA E Street Address (P.O. Box Number is Not Acceptable) 10550 NW 77 COURT #S-202 HIALEAH GARDENS FL 33016 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, typed or printed name of registered agent and late if applicable (NOTE\_Registered Agent signature required when reinstating) 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. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CASTELLANOS, ENEDINA E NAME NAME STREET ADDRESS 10550 NW 77 COURT, #S-202 STREET ADDRESS CITY-ST-ZIF HIALEAH GARDENS FL 33016 CITY-ST-ZIP ☐ Delete DTLE ☐ Change Addition NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate THE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 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. The all other like empowered.

SIGNATURE: MULTIO CONCENTRATED WA F. CASTELLANDS 03/06/2006 305-8/9-17/7

FILED