2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 01, 2007 8:00 am Secretary of State

DOCUMENT # P06000033955 1. Entity Name FLORIDA DOG MAGAZINE, INC.						08-01-2007 9	00035 015 ***)	150.00
Principal Place	e of Business	Mailing Address	ing Address					
		573 S.W. 6TH AVENUE FORT LAUDERDALE, FL 33315					N 20100 Jury (1140 1010) di	IIEI EMSEL M IESI
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07242007	Chg-P	CR2E034 (12/0	06)
City & State		City & State			4. FEI Numb	521/39		Applied For Not Applicable
Zip	Country	Zip	Country	у	5. Certificati	e of Status Desired	□ \$8.75 Fee Reg	Additional quired
	6. Name and Address of Current R	7. Name and Address of New Registered Agent						
WISE, JENNIFER				Name				
573 S.W. 6	INTER ITH AVENUE IDERDALE, FL 33315		-	Street Address (P.O. Box Number is Not Acceptable)				
•			-	City	de Mildre		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 acce the obligations of registered agent.								with, and accept
SIGNATURE Signature, typed or printed name of registered agent and bite if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution.					5.00 May Be ded to Fees		with s. 607.193(2) not receive the pr	
10.	10. OFFICERS AND DIRECTORS 1				ADDITIONS	J CHANGES TO OFF	ICERS AND DIRECT	FORS IN 11
TITLE		☐ Delete	TITLE		ESIDENT		Char	nge Addition
NAME STREET ADDRESS			NAME	r ADDRESS 51	13E 2	ENNIFE 6th AVE	R	
CITY-ST-ZIP			CITY-S					
FITLE	☐ Delete TITL		TITLE	- v	ice Pres	MORLE, FL		nge 🔟 Addition
NAME			NAME		HELEN WAZUNK			
STREET ADDRESS CITY - ST-ZIP			STREET CITY-S		3 5W (m ave zaale fl	33312	
TITLE	☐ De!ste UTLE						□ Char	nge 🔲 Addition
NAME			NAME					
STREET ADORESS CITY - ST-ZIP			STREET CITY-S	TADDRESS ST-ZIP				
TITLE		Delete	TITLE				Char	nge Addition
NAME			NAME				G	
STREET ADDRESS			STREET CITY-S	T ADDRESS				
CITY-ST-ZIP				SI-ZIP				nge 🔲 Addition
TITLE NAME	L. Delete 117		NAME	ļ i			Gila	ilige Addition
STREET ADDRESS			STREET	T ADDRESS				
CITY-ST-ZIP			CITY-S	ST-ZIP		· -		
TITLE NAME		☐ Delete	TITLE				Char	nge L Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			CITY-5					
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: STALLS WELEN WEZUNK 7/24/07								