

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000073349		
1. Entity Name AGUIAR PET SHOP INC.		
Principal Place of Business 2485 WEST FLAGLER STREET SUITE 4 MIAMI, FL 33135	Mailing Address 2485 WEST FLAGLER STREET SUITE 4 MIAMI, FL 33135	



04262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5006941	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AGUIAR, LELIE 2485 W. FLAGLER ST. STE 4 MIAMI, FL 33135
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**DO NOT WRITE
IN THIS SPACE**

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, 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, 2008 Fee will be \$550.00

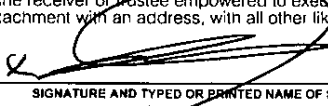
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000933855
05/23/08-20008-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AGUIAR, LELIE 3021 SW 117TH AVE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUIAR, BAUDILIO R 3021 SW 117 AVE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR AGUIAR, MARIA A 3021 SW 117 AVE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LELIE AGUIAR
PRESIDENT

04/21/08 (305) 541-2208

Date

Daytime Phone #