2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # P06000106289 1. Entity Name 04-17-2007 90055 007 ***150 00 PACO'S PET GROOMING, INC. Principal Place of Business Mailing Address 3325 GRIFFIN ROAD 3325 GRIFFIN ROAD STE G FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-539167 Not Applicable Zip 7in Country 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 Name KESSLER, FRANCES Street Address (P.O. Box Number is Not Acceptable) 3325 GRIFFIN RD STE G FT LAUDERDALE FL 33312 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 title it applicable. (NOTE: Registered Again signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DILE ☐ Delete 11111 Change Addition KESSLER, FRANCES NAME NAME 3325 GRIFFIN RD STE G STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mu ☐ Delete Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CITY OF ZIP CITY_CT ZIP DHE ☐ Delete HILL Change Addition NAME STREET ADDRESS STREET LADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE Change Addition NAME. NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. I horeby certify that the information supplied with this filing 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, with all other like empowered.

FILED