

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90095 048 ***150.00

DOCUMENT # P06000133611

1. Entity Name
TOP PET MOBILE GROOMING INC.



Principal Place of Business
15215 SW 48 TERRACE
H81
MIAMI, FL 33185

Mailing Address
15215 SW 48 TERRACE
H81
MIAMI, FL 33185

2. Principal Place of Business - No P.O. Box #
13842 KENDALL Lake DR
Suite, Apt. #, etc.

3. Mailing Address
13842 KENDALL Lake DR.
Suite, Apt. #, etc.



02092007 Chg-P CR2E034 (12/06)

City & State
MIAMI, FL-

City & State
MIAMI, FL

4. FEI Number
41-2223195

Applied For
Not Applicable

Zip
33183

Country
USA

Zip
33183

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, OLGA
15215 SW 48 TERRACE
H81
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Name
Olga Gordon
Street Address (P.O. Box Number is Not Acceptable)
13842 KENDALL Lake DR
City
MIAMI, FL FL Zip Code
33183

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
Olga Gordon

2-9-07

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GENIE, JENNIFER 15215 SW 48 TERRACE H81 MIAMI, FL 33185	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, OLGA 15215 SW 48 TERRACE H81 MIAMI, FL 33185	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GORDON, OLGA 13842 KENDALL Lake DR MIAMI, FL 33183	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Olga Gordon* OLGA GORDON 2-9-07 786-302-5228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40113303
#P06000133611

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A

0532759188

Your Telephone Number Best Time to Call
(786) 302-5228 Evening

DATE OF THIS NOTICE: 01-12-2007
EMPLOYER IDENTIFICATION NUMBER: 41-2223195
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023
|||||

TOP PET MOBILE GROOMING INC
% OLGA GORDON
15215 SW 48TH TER H81
MIAMI FL 33185