2007 FOR PROFIT CORPORATION

FILED May 14, 2007 8:00 am

DOCUMENT # P06000133611 1. Filly Name TOP PET MOBILE GROOMING INC. Mailing Address 15215 SW 48 TERRACE 15215 SW 48 TERRACE 183185 18318	ANNUAL REPURI			Secretary of State		
15215 SW 48 TERRACE H81	1. Entity Name			_		
15215 SW 48 TERRACE H81 MIAMI, FL 33185 2. Principal Place of Bysiness - No P.O. Box # 13842 LENDA // Lake DR. Suite, Apt. #, etc. Suite, Apt. #,	Principal Place of Business Mailing Address		-	VII 1 2000		
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2. Principal Place of Business - No PO, Box # 13842 KENDA // Lake DR. Suite, Apt. #, etc. Suite, Apt. #, etc. #, etc. #, etc. #, etc. #, etc. #, etc. #, e		**= *				
Suile, Apt. #, etc. O2092007 Chg-P CR2E034 (12/06) Chy, & State Chy, & State Country Zip Zip Zip Zip Zip Zip Zip Zi	MIAMI, FL 33185	MIAMI, FL 33185)	IL XIDIODE (I IDE)	
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Zip 3/83 Country 3/83 Country 5. Certificate of Status Desired \$8.75 Additional Foe Required 16. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	Suite, Apt. #, etc. Suite, Apt. #, etc.			02092007 Chg-P CR2E034 (12/0	6)	
GORDON, OLGA 15215 SW 48 TERRACE H81 MIAMI, FL 33185 City Miami, FL TL ZigCode Agent with a statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Agores Agent adjuster a symmetry or glinted name of registered agent and like it applicable (IXOTE: Registered Agent algoritum required when remaining) P. Election Campaign Financing Trust Fund Contribution. Added to Fees TILE NOW!!! FEE IS \$150.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IT Addition GENIE, JENNIFER		City & State Mispul, FL		4. FEI Number 41-2223195		
GORDON, OLGA 15215 SW 48 TERRACE H81 MIAMI, FL 33185 City MIAMI, FL TL Signature agent of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature of registered agent of registered agent of registered agent and little if applicable (IXOTE: Registered Agent agent). FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS IT ADDRESS CITY-ST-ZIP MIAMI, FL 33185		Zip Cou 33 183 L	Intry 15A			
GORDON, OLGA 15215 SW 48 TERRACE H81 MIAMI, FL 33185 City MIAMI, FL TL Zig_Code Street Agoress (P.O. Box sumber is Not Acceptable) / Ex. D.A. City MIAMI, FL TL Zig_Code Street Agoress (P.O. Box sumber is Not Acceptable) / Ex. D.A. City MIAMI, FL TL Zig_Code Street Agoress (P.O. Box sumber is Not Acceptable) / Ex. D.A. City MIAMI, FL TL Zig_Code Street Agoress (P.O. Box sumber is Not Acceptable) / Ex. D.A. City MIAMI, FL TL Zig_Code Street Agoress (P.O. Box sumber is Not Acceptable) / Ex. D.A. City MIAMI, FL TL TL Zig_Code Street Agoress (P.O. Box sumber is Not Acceptable) / Ex. D.A. City MIAMI, FL TL Zig_Code Street Agoress (P.O. Box sumber is Not Acceptable) / Ex. D.A. City MIAMI, FL TL TL Zig_Code Street Agoress (P.O. Box sumber is Not Acceptable) / Ex. D.A. City MIAMI, FL TL TL Zig_Code Street Agoress (P.O. Box sumber is Not Acceptable) / Ex. D.A. City MIAMI, FL TL TL Zig_Code Street Agoress (P.O. Box sumber is Not Acceptable) / Ex. D.A. City MIAMI, FL TL						
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 Signatur	15215 SW 48 TERRACE H81		0/90	Clar GORDON		
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 Signatur	110/1111, 1 E 33/103		City MIANI, FL FL Zip Code 83197			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: VPD GENIE, JENNIFER STREET ADDRESS 15215 SW 48 TERRACE H81 MIAMI, FL 33185 OIT OFFICERS AND SITE ADDRESS CITY-SI-ZIP MIAMI, FL 33185	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.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Trust Fund Contribution. Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VPD GENIE, JENNIFER STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33185 P. Election Campaign Financing Trust Fund Contribution. Added to Fees \$5.00 May Be Added to Fees Added to Fees STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33185	SIGNATURE WY / YCULV.					
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE	Signafire, typical or plinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
TITLE VPD Delete TITLE Change Addition MAKE: STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33185 CITY-ST-ZIP VPD Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.					
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CITY ST. 7/P MIAMI EL 33185	l '		DEET ADDRESS	DROON, VIGH		
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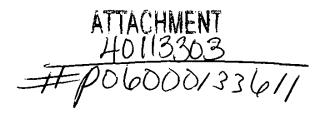
TITLE_ Delete --TITLE . Change __ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

GA GORDON 2-9-07 Date

SIGNATURE:

PEDER PRINTED NAME OF SIGNING OFFICER OR MARCTOR

786-302-5228 Davilina Phone #



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

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

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