2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF BIGKING OFFICER OR DIRECTOR

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P06000143660 04-27-2007 90222 030 ***150.00 POOCH & KITTY CARE SERVICE, INC. Principal Place of Business Mailing Address 3321 SW 27TH TERRACE 3321 SW 27TH TERRACE MIAMI, FL 33133 MIAMI, FL 33133 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E034 (12/06) Chg-P Applied For City & State City & State Not Applicable \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DE ARMAS, VIVIAN B Street Address (P.O. Box Number is Not Acceptable) 3321 SW 27TH TERRACE MIAMI, FL 33133 City 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... Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Detete TITLE ☐ Change ☐ Addition DE ARMAS, VIVIAN B NAME NAME STREET ADDRESS 3321 SW 27TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-7/P VΡ MLE ☐ Delete me ☐ Change ■ Addition MARKE DE ARMAS, OCTAVIO L STREET ADDRESS 3321 SW 27TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP TITLE Detete MLE ☐ Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete IIII F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ШE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS 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.

FILED