

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148860

Entity Name: HEAVENLY PAWS INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

1500 BAY ROAD  
SUITE 4  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

1500 BAY ROAD  
SUITE 4  
MIAMI BEACH, FL 33139

## New Mailing Address:

FEI Number: 20-5965910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD., #221E  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

HALPERN LAW SERVICES  
1500 BAY RD  
#4  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: MARK HALPRIN

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PASKOW, ARTHUR A  
Address: 1500 BAY RD., #S4  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: BISHRAM, IRIS C  
Address: 1500 BAY RD., #S4  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: NOVICK, SCOTT S  
Address: 1500 BAY RD., #S4  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR PASKOW

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date