2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000156935

1. Entity Name
UMO PET CORP



Principal Place of Business

874-876 DUNCAN AVE KISSIMMEE, FL 34741 US Mailing Address

876 DUNCAN AVE Kissimmee, Fl 34741

US

FILED May 28, 2008 8:00 am Secretary of State

05-28-2008 90120 001 ***138.75 05-28-2008 90120 002 ****11.25

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DO NOT WRITE IN THIS SPACE

04302008 No Chg-P CR2E034 (11/05)

4. FEI Number | Applied For

20-8514745

Not Applicable

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

DAVILA-ALONSO, JENNIFER 2106 DRIVE WAY KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE

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	d applicable (NOTE Registered	Agent signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALONSO, JOSÉ 876 DUNCAN AVE KISSIMMEE, FL 34741				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S DAVILA-ALONSO, JENNIFER 876 DUNCAN AVE KISSIMMEE, FL 34741				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE				NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			٠.	
12. Thereby 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 path, that I am an officer or director.					

The day certify that the information supplies with this fining does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Florified 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 of 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

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3 407-931-2221