
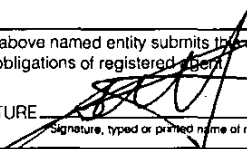



2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-28-2008 90011 037 ***150.00

DOCUMENT # P07000083923 1. Entity Name PETSTRADE.COM, CORP.																											
Principal Place of Business 10017 SW 163RD AVE. MIAMI, FL 33196		Mailing Address 10017 SW 163RD AVE. MIAMI, FL 33196																									
2. Principal Place of Business No P.O. Box # 14765 SW 99 LN.		3. Mailing Address 14765 SW 99 LN.																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State Miami, FL		City & State Miami, FL																									
Zip 33196		Zip 33196																									
Country 		Country 																									
4. FEI Number 26-0591705		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent RICCOMBENI, EDUARDO 10017 SW 163RD AVE. MIAMI, FL 33196		7. Name and Address of New Registered Agent Name: Riccombeni, Eduardo Street Address (P.O. Box Number is Not Acceptable) 14765 SW 99 LN. City: Miami FL Zip Code: 33196																									
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:  (NOTE: Registered Agent signature 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. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RICCOMBENI, EDUARDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10017 SW 163RD AVE.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33196</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	RICCOMBENI, EDUARDO		STREET ADDRESS	10017 SW 163RD AVE.		CITY - ST - ZIP	MIAMI, FL 33196		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">President</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Riccombeni, Eduardo</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14765 SW 99 LN Miami FL</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>33196</td> <td></td> </tr> </table>		TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Riccombeni, Eduardo		STREET ADDRESS	14765 SW 99 LN Miami FL		CITY - ST - ZIP	33196	
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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: 																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									