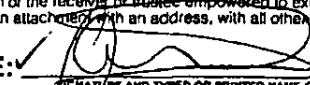


2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/7.

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-07-2008 90037 009 ***150.00

DOCUMENT # P07000084815 1. Entity Name D.O.G. PROFESSIONAL TREE TREATMENT, INC.					
Principal Place of Business 9841 SW 165 TERRACE MIAMI, FL 33157			Mailing Address 9841 SW 165 TERRACE MIAMI, FL 33157		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 260598587	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MORAITIS, GEORGE 9841 SW 165 TERRACE MIAMI, FL 33157				7. Name and Address of New Registered Agent Name OMAR VEGA Street Address (P.O. Box Number Is Not Acceptable) 9841 SW 165 TERR City MIAMI FL 33157	
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:  DATE: 3/1/08 (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEB-18 \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May 9c Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME VEGA, OMAR STREET ADDRESS 9841 SW 165 TERRACE CITY-ST-ZIP MIAMI, FL 33157	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition	
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: 			Date: 3/1/08		