2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: <u>HALL</u> See

Mar 05, 2004 08:00 AM Secretary of State DOCUMENT # P93000008918 1. Entity Name INNOVATIONS IN GROOMING, INC. Principal Place of Business Mailing Address 7860 NW 178 ST 7860 NW 178 ST HIALEAH FL 33015 HIALEAH FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0387188 Not Applicable Ζιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEYBERT, GAIL 7860 NW 178 ST Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33015 City Zio 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BILE D Delete HILE ☐ Change Addition SEYBERT, GAIL NAME NAME . 03/05/01-80007-019 150.00 7860 NW 178 ST STREET ADDRESS STREET ADDRESS HIALEAH FL 33015 CITY-ST-78P CITY-ST-ZIP TIBE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-782 TILE Delete 73T3 F ☐ Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZW CITY-ST-7(P ☐ Detete TOTLE Change Addition 🔲 NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete 3133.E Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 3.037 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED

3/02/04