2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

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

SIGNATURE

## Feb 04, 2004 08:00 AM DOCUMENT # P94000084342 Secretary of State 1. Entity Name "PET TECHNOLOGY CORP." Principal Place of Business Mailing Address 4400 BISCAYNE BOULEVARD ATTN: CAROLE I. AMSTER 4400 BISCAYNE BOULEVARD ATTN: CAROLE I. AMSTER MIAMI FL 33137 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #. etc. MOORE CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 65-0540150 Not Applicable $Z_{ID}$ Country \$8.75 Additional Zio Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBIN, STEVEN D Street Address (P.Q. Box Number is Not Acceptable) 4400 BISCAYNE BOULEVARD **MIAMI FL 33137** Zip Code City 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 if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. ☐ Delete ☐ Change TITLE TITLE HSIAO, JANE Ph.D. NAME NAME U00000032557 STREET ADDRESS 4400 BISCAYNE BOULEVARD STREET ADDRESS 02/05/04-80008-014 150.00 CITY-ST-ZIP MIAMI FL 33137 CITY-ST-ZIP Change Addition Delete TITLE DVP BEIER, THOMAS E MAME NAME STREET ADDRESS STREET ADDRESS 4400 BISCAYNE BOULEVARD CITY ST-ZIP CITY-ST-7IP MIAMI FL 33137 TITLE ns. Delete TITLE Change ☐ Addition NAME RUBIN, STEVEN D NAME STREET ADDRESS STREET ADDRESS 4400 BISCAYNE BOULEVARD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME UPPALURI, RAO NAME 4400 BISCAYNE BOULEVARD STREET ADDRESS STREET ADDRESS MIAMI FL 33137 CITY-ST-ZIP CITY-ST-ZIP AS ☐ Addition TITLE Change THIE ☐ Delete NATION, MARIANNE H NAME NAME 4400 BISCAYNE BOULEVARD STREET ADDRESS STREET ADDRESS MIAMI FL 33137 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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