

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000084342

1. Entity Name
"PET TECHNOLOGY CORP."



Principal Place of Business
4400 BISCAYNE BOULEVARD
ATTN: CAROLE I. AMSTER
MIAMI, FL 33137

Mailing Address
4400 BISCAYNE BOULEVARD
ATTN: CAROLE I. AMSTER
MIAMI, FL 33137



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0540150

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBIN, STEVEN D
4400 BISCAYNE BOULEVARD
MIAMI, FL 33137

**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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000188861
01/24/05-80073-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HSIAO, JANE PH.D.
STREET ADDRESS	4400 BISCAYNE BOULEVARD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	DVP
NAME	BEIER, THOMAS E
STREET ADDRESS	4400 BISCAYNE BOULEVARD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	DS
NAME	RUBIN, STEVEN D
STREET ADDRESS	4400 BISCAYNE BOULEVARD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	T
NAME	UPPALURI, RAO
STREET ADDRESS	4400 BISCAYNE BOULEVARD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	AS
NAME	NATION, MARIANNE H
STREET ADDRESS	4400 BISCAYNE BOULEVARD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven D. Rubin

Steven D. Rubin

1/10/05

305-575-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #