FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT. CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600043611

NEIGHBORHOOD PET SHOP, INC.

KLIGHD			•					
Principal Place	e of Business	Mailing Address	•••			aatii 21224 iilia 21181	11991 1397 ISET	
574 HIALEAH D	w.	574 HIALEAH DR.						
HIALEAH FL 33010 HIALEAH FL 33010						THO 00405		
US US		US			DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualifed 05/14/1996			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		plied For	
21	,	26	26		65-0661792		t Applicable	,
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75		
22	<u> </u>	27	27			Fee Re	·	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28			Trust Fund Contribution		o Fees	
Zip	Country	Zip	Cour	atry	8. This corporation owes the current ye		X(No	
24	25	29	30		Personal Property Tax.	Yes	32(140	
	9. Name and Address of Curre			Od Nome	10. Name and Address of New Regist	ered Agent		
11110		The stage of the s		81 Name				
	A. SALENE	,	İ	82 Street Add	dress (P.O. Box Number is Not Acceptable)		· · · · · ·	
	VEST 12TH ST., APT A		.			45 34 95 34	5 8 3 7 7 7 7 T	
	ITH PARK CENTRE, SUITE 209			83			福达制	
HIALEAH FL 33010			ŀ	84 City		85 Zip	Code	
		V 5 * # # 4 * 7**		- 1		FL S Z	,,	
_11Pursuant	to the previsions of Sections 607.05	02 and 607.1508, Florida	Statutes, the at	ove-named co	rporation submits this statement for the purpo	se of changing its	registered distered	
ຶ່office or n ປS agent La	egistered agent, or both, in the State on familial with, and accept the oblig	e of Florida: Such change pations of, Section 607.050	was autriorizeu 15, Florida Statu	itės.	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the	-/	7	
SIGNATURE	v - 4000 -					1/19/	99	
SIGNATURE	Signature Apped or printed name of registered ag	gent and title if applicable.		Agent signature requi	ired when reinstating)		DO 151 40	ĺά
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER			=
TITLE	DP	☐ DELE	TE 1.1 TIT	1F 1			☐ Addition	Ξ
NAME	LUIS ALBERTO SALENE					Change	Addition	ــا
STREET ADDRESS	60 W. 12TH ST., APT A		1.2 NA			C Change	☐ Addition	2
CITY-ST-ZIP						Change	Addition	2E034
-1.0	HIALEAH FL	·	1.3 ST 1.4 CF	ME REET ADDRESS IY-ST-ZIP				107E034
TITLE	I .	. DELE	1.3 ST 1.4 CF	ME REET ADDRESS IY-ST-ZIP		☐ Change	☐ Addition	CPDE034
NAME	I .	□ DELE	1.3 ST 1.4 CF	ME REET ADDRESS IY-ST-ZIP				CEDENSA
	I .	□ DELE	1.3 ST 1.4 CF TE 2.1 TIT 2.2 NA	ME REET ADDRESS IY-ST-ZIP				CDDE034
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14. 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 annual report or supplemental annual 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 propriation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if the paged, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90035 026 ***150.00

Addition