


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000047074 1. Entity Name THE PUPPY STOP, INC.	
---	---

Principal Place of Business 938 N UNIVERSITY DRIVE POMPANO BEACH, FL 33071 US	Mailing Address 938 N UNIVERSITY DRIVE POMPANO BEACH, FL 33071 US
---	---

DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0675052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**STEINBERG, LINDA
938 N UNIVERSITY DRIVE
POMPANO BEACH, FL 33071**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____
Signature, typed or printed name of registered agent and title if applicable.


FILE NOW!!! FEES \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000041277 02/09/04-80083-003 150.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEINBERG, ALLAN 938 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEINBERG, LINDA 938 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEINBERG, GREGORY 938 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(b), 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:  **2-3-04. 954/252-2271**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
Linda STEINBERG, President