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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT # P97000076563 (0) EASY PET SHOP, INC. Principal Place of Business Mailing Address 325 W 29 ST 325 W 29 ST HIALEAH FL 33012 HALEAH FL 33012

FILED May 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zid 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GOMEZ, GEEIDYS 325 W 29 ST Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change TITLE 1.1 TITLE **GOMEZ, GEEIDYS** 1.2 NAME NAME STREET ADDRESS 3461 E 3RD AVE 1.3 STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 61 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY - ST - ZIF

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 supplimental 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 corporation or the preceiver 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 changed, or on unjustactories with an address.

SIGNATURE: