

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000002691

FILED
Apr 08, 2004
Secretary of State

Entity Name: BEVERLYHILLS KENNELS, INC.

Current Principal Place of Business:

5019 SW HULL AVE
ARCADIA, FL 34266

New Principal Place of Business:

5019 SW HULL AVE
ARCADIA, FL 34269

Current Mailing Address:

5019 SW HULL AVE
ARCADIA, FL 34266

New Mailing Address:

5019 SW HULL AVE
ARCADIA, FL 34269

FEI Number: 65-0801499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEVERLY, EDITH S
5019 SW HULL AVE
ARCADIA, FL 34266

Name and Address of New Registered Agent:

BEVERLY, EDITH S
5019 SW HULL AVE
ARCADIA, FL 34269

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.

SIGNATURE: _____

04/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEVERLY, EDITH S
Address: 5019 SW HULL AVE
City-St-Zip: ARCADIA, FL 34266

Title: VD () Delete
Name: BEVERLY, SONYA N
Address: 5019 SW HULL AVE
City-St-Zip: ARCADIA, FL 34266

Title: VD () Delete
Name: BEVERLY, ALEXIS E
Address: 5019 SW HULL AVE
City-St-Zip: ARCADIA, FL 34266

Title: STD () Delete
Name: BEVERLY, LLOYD JR
Address: 5019 SW HULL AVE
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BEVERLY, EDITH S
Address: 5019 SW HULL AVE
City-St-Zip: ARCADIA, FL 34269

Title: VD (X) Change () Addition
Name: BEVERLY, SONYA N
Address: 5019 SW HULL AVE
City-St-Zip: ARCADIA, FL 34269

Title: VD (X) Change () Addition
Name: BEVERLY, ALEXIS E
Address: 5019 SW HULL AVE
City-St-Zip: ARCADIA, FL 34269

Title: STD (X) Change () Addition
Name: BEVERLY, LLOYD JR
Address: 5019 SW HULL AVE
City-St-Zip: ARCADIA, FL 34269

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDITH BEVERLY

PD

04/08/2004

Electronic Signature of Signing Officer or Director

Date