2004 FOR PROFIT CORPORATION

SIGNATURE

Aug 09, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR) DOCUMENT # P98000010510** 1. Entity Name 08-09-2004 90007 045 ***150.00 THE DAWG POUND, INC. Principal Place of Business Mailing Address 11962 S.W. 271 TERRACE HOMESTEAD FL 33032 11962 S.W. 271 TERRACE HOMESTEAD FL 33032 44075056 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State Applied For 4. FEI Number 65-0813299 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBB. JOSEPH III Street Address (P.O. Box Number is Not Acceptable) 20547 OLD CUTTER RD STE #303 **MIAMI FL 33189** City Zip Code 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 SIGNATURE printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE Change WEBB, CARLA L NAME NAME 11962 SW 271 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33032 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TÜLĒ ☐ Addition WEBB, JOSEPH NAME NAME 11962 SW 271 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33032 CITY-ST-7IP CITY-ST-7IP TITLE Addition TITLE Delete Change Change NAME WEBB, JOSEPH NAME STREET ADDRESS STREET ADDRESS 11962 SW 271 TERRACE CITY-ST-ZIP MIAMI FL 33032 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP 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 attacyment with an address, with all other like empowered.