2003 FOR PROFIT CORPORATION

Apr 11, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P98000037347 DOCUMENT # 1. Entity Name 04-11-2003 90168 019 ***150.00 A.A. ANIMAL SUPPLY INC. Principal Place of Business Mailing Address 4011 N.W. 79TH AVENUE 4011 N.W. 79TH AVENUE MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0830301 Not Applicable Zip Country Country \$8.75 'Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUCO. LUIS Street Address (P.O. Box Number is Not Acceptable) 2775 HACKNEY ROAD; FORT LAUDERDALE FL 33331 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 the obligations of registered agent; SIGNATURE Signature, typed or printed hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing -\$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete ☐ Change TITLE DUCO, LUIS NAME NAME STREET ADDRESS 2775 HACKNEY ROAD STREET ADDRESS FORT LAUDERDALE FL 33331 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS

12. Thereby 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 frue 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 ike empowered.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED