Jan 08 04 09:38a Gregory Ebenfeld

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Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90098 042 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000069813

1. Entity Name
PERFECT PET SUPPLIES, INC.

94006757

Principal Place of Business	Mailing Address
781 NE 199TH STREET, #202 MIAMI, FL 33179	781 NE 199TH STREET, #202 MIAMI, FL 33179

01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2221 Cypress Island Dr.	2221 Cypress Island Dr
Suite, Apt. #, etc. # 107	Suite, Apt. #, etc. #107
City & State Pompano Beach FL	City & State Pompano Beach FL
Zip 33069 Country	Zip 33069 Country

4. FEI Number 65-0857436 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAFRA, HARRIS 781 NE 199TH STREET, #202 MIAMI, FL 33179	Name Marilyn Fillippo Street Address (P.O. Box Number is Not Acceptable) 2221 Cypress Island Drive #107 City Pompano Beach FL Zip Code 33069

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] 1/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAFRA, HARRIS 781 NE 199TH STREET, #202 MIAMI, FL 33179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marilyn Fillippo D 2221 Cypress Island Dr #107 Pompano Beach FL 33069	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #