2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State
08-24-2004 90001 026 ***150.00

DOCUMENT # P99000009721

1. Entity Name
PET'S R US MOBILE GROOMING, CORP.

Principal Place of Business	Mailing Address
17449 SW 21 COURT MIRAMAR, FL 33029	17449 SW 21 COURT MIRAMAR, FL 33029

08182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2301 SW 161 Ave	2301 SW 161 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar Fl	City & State: Miramar Fl
Zip: 33027 Country	Zip: 33027 Country

4. FEI Number 65-0900486 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORTA, LIDIA
17449 SW 21 COURT
MIRAMAR, FL 33029

7. Name and Address of New Registered Agent

Name: DAYRON ORTA
Street Address (P.O. Box Number is Not Acceptable): 2301 SW 161 Ave
City: Miramar FL Zip Code: 33027

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] DAYRON ORTA 8/18/04
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTA, DAYRON ~~17449 SW 21 COURT~~ ~~MIRAMAR, FL 33029~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2301 SW 161 Ave Miramar Fl 33027	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMIRALL, SALVADOR 3841 SW 160 APT#201 MIRAMAR, FL 33027	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] DAYRON ORTA 8/18/04 954. 438.5552.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #