

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90054 050 \*\*\*150.00



**DOCUMENT # P99000065876**

1. Entity Name  
**LOVELY PETS, INC.**

Principal Place of Business  
**3098-10 FULLER ST**  
**MIAMI, FL 33133 US**

Mailing Address  
**3098-10 FULLER ST**  
**MIAMI, FL 33133 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0937752**

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

**MONAGAS, FRANCISCO**  
**3098-10 FULLER ST**  
**MIAMI, FL 33133**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 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, 2008 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 **D MONAGAS, FRANCISCO**  Delete  
 STREET ADDRESS **3098-10 FULLER ST**  
 CITY - ST - ZIP **MIAMI, FL 33133**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE **VICE PRESIDENT**  Change  Addition  
 NAME **IGOR F. FUENMAYOR - MONAGAS**  
 STREET ADDRESS **148 N.W. 60 AVE**  
 CITY - ST - ZIP **MIAMI, FL 33126**

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

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TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DIRECTOR

DIRECTOR

4/3/08

305-262-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #