2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND

DOCUMENT # Pt 2000079721 1. Entity Name							Feb 09, 2004 08:00 AM Secretary of State				
GOING TO THE DOGS, INC.								Secretary	UI St	acc	•
Principal Place of Business 6160 S.W. 14TH ST. PLANTATION FL 33317				g Address S.W. 14TH ST. ITATION FL 3331			L HEBINGEL ING TWING 15545 WENT WAITH BEATH WAN)1 00 1 11 0 1	88 1 IT 18 8 7	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc				MOORE CR2E	034 (11/0		
City & State			City	& State		4. FEI Number 65-0956186 Applied For Not Applied by			 		
Zip	Country		Zip			try	5. Certificate of Status Desired S8.75 Addition Fee Required				
	6. Name	and Address of Curr	ent Registere	ed Agent		Name	7. N	ame and Address of New Registe	red Agent		
KIEFER, CHRISTOPHER W 6160 S.W. 14TH ST. PLANTATION FL 33317						Street Address (P.O. Box Number is Not Acceptable)					
FLANTATION 1 E 33317						A				<u> </u>	
						City	,			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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							;	9. Election Campaign Financing Trust Fund Contribution.	· _ ,	\$5.00 Added	May Be to Fees
10.	1-	OFFICERS A	ND DIRECTO		11.		ADE	DITIONS/CHANGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete KIEFER, KAREN L 6160 S.W. 14TH ST. PLANTATION FL 33317					E E ET ADDRESS - ST- ZIP	Change Addition U00000043325 Change Addition 02/10/04-80060-008 150.00				
TITLE NAME STREET ADDRESS GITY-ST-ZIP				☐ Delete	4	ı			☐ Cha	ange	☐ Addition
TITLE NAMC STREET ADDRESS CITY-ST-ZIP				☐ Delete		}			☐ Cha	angė	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		F			☐ Cha	ange	Addition
of the car	rporation or ti	e information supplied it or supplemental repo ne receiver or trustee e achment with an addre	mpowered to	execute this report	as requi	mption stated in Sec ture shall have the s red by Chapter 607	ction 1 same le	19.07(3)(i), Florida Statutes, I furthe agal effect as if made under oath, th la Statutes, and that my name appe	r certify that at I am an o ars in Block	the inf fficer of 10 or i	formation or director Block 11 if

FAREN L. KIEFER 2/4/04 954-584-5024
OFFICER OR DIRECTOR
Date

FILED