## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # P99000097873  1. Entity Name LULU & BEAUTY MOBILE PET GROOMING, CORP.				04-08-2005 90070 013 ***150.00			
Principal Place	e of Business	Mailing Address					
6501 SW 315 MIAMI, FL 33		6501 SW 31ST ST MIAMI, FL 33155					
2. Principal Pl	lace of Business	3. Mailing Address	368h St.				
Suite, Apt.	36th Court	Suite, Apt. #, etc.	san IT.	03222005 Chg-P	CR2E034 (10/03)	•	
Lity & State	. I da a d/A	City & State / 2	Torida	4. FEI Number 65-0959721	<u> </u>	olied For Applicable	
33125	Country U.S.A.	33125	Country S. A.	5. Certificate of Status Desired	See Required	ional -	
	6. Name and Address of Current	Hegistered Agent	Name A	7. Name and Address of New	25a		
SOSA, MA 6501 SW 3 MIAMI, FL	BIST ST		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	_		City	mi	FL Z	125	
	named entity externits this statement for ions of registered agent	or the purpose of changing its re	egistered office or regist	•		nd accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and little if applicable. (NOTE:	Registered Agent signature requir	red when reinstating)	- 21 - 05 DATE		
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contril	gn Financing \$	<b>5.00</b> May Be dded to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD SOSA, MARTHA M 6501 SW 31ST ST MIAMI, FL 33155	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	sa Martha I NW 36th 1	Change  1007  13/25	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	<i>, ,</i>	☐ Change	Addition	
TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME		. Change	- Addition:	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition	
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	•			
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change	Addition	
12. I hereby indicated of the cor	certify that the information supplied wit on this report or supplemental report provation or the receives or trustee empl, or on an attachment with an address,	h this filing does not qualify for is true and accurate and that m lowered to execute this report a with all other like empowered.	the exemption stated in by signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statute: se same legal effect as if made unde 607, Florida Statutes; and that my na	_		