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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$76752

1. Corporation Name

BEST PETS, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90124 037 ***150.00



Principal Place	e of Business	Mailing Address	_) (\$6)(\$40 to (\$600 \$100 to \$600 \$100 \$100	81811 W1811 W1811 W181) #(#(: #:#:: : ##:	
7795 W. FLAGLE	ER ST.	7243 LOCH NESS DR.							
#12 MIAMI LAKES FL 33014						DO NOT WRITE IN THIS SPACE			
MIAMI FL 33144						Date Incorporated or Qualifed	THIS SPACE		7
US					,	,			
		a Maritan Addusan				08/29/1991 FEI Number	1.1	Applied For	-
	lace of Business	2a. Mailing Address			4.	65-0283676	1	Not Applicable	┨
21 Suite Ant	# ata	Suite, Apt. #, etc.	-				¢Ω 75	Additional	1
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.		-	5.	Certifcate of Status Desired	- * Fee I	Required	_
City & State	e	City & State			6.	Election Campaign Financing Trust Fund Contribution	¥ - · -	O May Be d to Fees	
Zip	Country	Zip	Cou	ntry	8	This corporation owes the current ye	ear Intangible		1
24	25	29	30		"	Personal Property Tax.	Yes	□No	_
	9. Name and Address of Curre	ent Registered Agent			10.	Name and Address of New Regist	ered Agent	·	
				81 Name_	7	5 n. Messesk			
MASI	eska, isis n			82 Street A	Address (F	P.O. Box Number is Not Acceptable)	<u>e</u>		┨
7243	LOCH NESS DR			" \ <u>"</u>		STINY PLACE			
#12				83	1				1
MIAM	AI LAKES FL 33174						0.7	- C-do	-
				84 City L	600	Lecco	FL 85 Zi	Code	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statut	tes, the a	ove-named o	corporation	submits this statement for the nurne	se of changing	ts registered	1
l office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	utnonzed	by the corpo	ration's bo	pard of directors. I hereby accept the	appointment as	registered	
,	-0 \times 0	gamblis of, Section 607.0303.Fig		resol	2600	nu.) 4/2/	99		
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE		Agent signature re	equired when i	reinstating) DA	TE		ہَ ٰ ٰ
12.	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE		Agent signature re		ADDITIONS/CHANGES TO OFFICER			- á
	Signature, typed or printed name of registered ag		: Registered		San	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT		(41/08)
12.	OFFICERS A	AND DIRECTORS	: Registered	LE	5000	ADDITIONS/CHANGES TO OFFICE			34 (41/08)
12.	OFFICERS A DPV MAJESKA, ROBERT	AND DIRECTORS	13. 1.1 TI 1.2 NA	LE	5000	ADDITIONS/CHANGES TO OFFICE	⊉ Chang		E034 (41/08)
12. TITLE NAME STREET ADDRESS	OFFICERS A DPV MAJESKA, ROBERT 7243 LOCH NESS DR.	AND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	LE MÉ	5000	ADDITIONS/CHANGES TO OFFICE	⊉ Chang	e Addition	D2E034 (41/08)
12. TITLE NAME	OFFICERS A DPV MAJESKA, ROBERT	AND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	LE MÉ REET ADDRESS	5000	ADDITIONS/CHANGES TO OFFICE	⊉ Chang	e	2E034 /
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A DPV MAJESKA, ROBERT 7243 LOCH NESS DR. MIAMI LAKES FL DST	AND DIRECTORS	13. 1.1 Tf 1.2 N/ 1.3 ST 1.4 Cf	LE ME REET ADDRESS 'Y-ST-ZIP	5000 8000 8000 8000 8000	ADDITIONS/CHANGES TO OFFICE	図Chang 公37 図Chang	e Addition	2E034 /
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CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORD TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Dayline Phone #