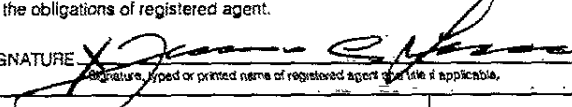



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # V09906 1. Entity Name JOHN'S PET SHOP, CORPORATION			
Principal Place of Business 1618 ALTON RD MIAMI BEACH, FL 33139		Mailing Address 1618 ALTON RD MIAMI BEACH, FL 33139	
DO NOT WRITE IN THIS SPACE			
		04052004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0316810	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUNA, JUAN 1618 ALTON RD MIAMI BEACH, FL 33139		DO NOT WRITE IN THIS SPACE	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000108584 04/12/04-BJU09-009 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUNA, JUAN 1618 ALTON RD MIAMI BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUNA, ALEJANDRINA 1618 ALTON RD MIAMI BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUNA, JOHN 1618 ALYON ROAD MIAMI, FL 33139		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			