


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
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DO NOT WRITE IN THIS SPACE



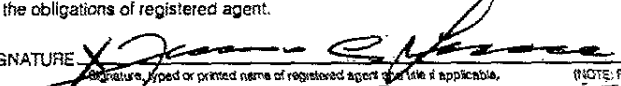
04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0316810	Applied For 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

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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  DATE _____
(Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000108584
 04/12/04-BUDD9-009 150.00

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	

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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:  DATE _____ DAYTIME PHONE # _____
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)