

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V71944

FILED  
Jan 27, 2004  
Secretary of State

Entity Name: CRAZY ABOUT PETS, INC.

**Current Principal Place of Business:**

2056 E. OAKLAND PK. BLVD  
FORT LAUDERDALE, FL 33306 US

**New Principal Place of Business:**

**Current Mailing Address:**

2056 E. OAKLAND PK. BLVD  
FORT LAUDERDALE, FL 33306 US

**New Mailing Address:**

FEI Number: 65-0319536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALIN, DAVID  
6202 NW 45TH AVE  
FT LAUDERDALE, FL 33073 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MALIN, DAVID  
Address: 6202 NW 45TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33073

Title: VP ( ) Delete  
Name: MALIN, MARGE  
Address: 6202 N.W. 45 AVE  
City-St-Zip: FT. LAUDERDALE, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MALIN

PRES

01/27/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date