


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # L96141</b> 1. Entity Name NOVAPET, INC.	
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Principal Place of Business 264 BRYAN ROAD DANIA BEACH, FL 33004 US	Mailing Address 266 BRYAN ROAD DANIA, FL 33004 US
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02152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0245962	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  KLINGER, EDUARDO 266 BRYAN ROAD DANIA BEACH, FL 33004
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**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 reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KLINGER, EDUARDO 266 BRYAN ROAD DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOROWITZ, SYMCHA 266 BRYAN ROAD DANIA BEACH, FL 33004
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**DO NOT WRITE  
IN THIS SPACE**

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:  C.O.O. 04/25/05 9549257377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #