

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000070248

**Entity Name:** PETAL'S CARE INC.

**Current Principal Place of Business:**

1765 NW 189 TERR  
MIAMI, FL 33056

**Current Mailing Address:**

1765 NW 189TH TERRACE  
MIAMI, FL 33056

**FEI Number:** 65-1198636

**Certificate of Status Desired:** No

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

LEE, TREVOR  
115 NE 132ND TERR.  
MIAMI, FL 33161 US

*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

**Officer/Director Detail :**

Title PD  
Name LEE, TREVOR  
Address 115 NE 132 TERRACE  
City-State-Zip: MIAMI FL 33161

Title VP  
Name LEE, JOAN O  
Address 115 NE 132 TERRACE  
City-State-Zip: MIAMI FL 33161

Title SECRETARY  
Name LEE, DIANA  
Address 1765 NW 189 TERR  
City-State-Zip: MIAMI FL 33056

Title TREASURER  
Name LEE, TAKISHA  
Address 1765 NW 189 TERR  
City-State-Zip: MIAMI FL 33056

*I hereby 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 all other like empowered.*

**SIGNATURE:** TREVOR LEE

PD

04/22/2017

Electronic Signature of Signing Officer/Director Detail

Date