

2020 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
11801 NW 15TH COURT.
PEMBROKE PINES, FL 33026 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	VP
Name	LEE, TREVOR
Address	11801 NW 15TH COURT
City-State-Zip:	PEMBROKE PINES FL 33026

Title	PD
Name	LEE, JOAN O
Address	11801 NW 15TH COURT
City-State-Zip:	PEMBROKE PINES FL 33026

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: JOAN O LEE**PRESIDENT****04/02/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date