


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000103546	
1. Entity Name CUBAN VETERINARY MEDICAL ASSOCIATION IN EXILE, INC.	

Principal Place of Business P.O.BOX 558613 MIAMI, FL 33155	Mailing Address P.O.BOX 558613 MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



08282004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2293984	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 CRUZ, JOSE R 5660 SW 130 AVE MIAMI, FL 33183	
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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MOLINA, JOAQUIN A P.O.BOX 558613 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS LORENZO, RUFINO R P.O.BOX 558613 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CRUZ, JOSE R P.O.BOX 558613 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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09/01/04-80003-004 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ *[Signature]* **8-28-04** **3059750303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #