


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90295 031 ***150.00

DOCUMENT # P97000050203
 1. Entity Name
ANIMAL STERILIZATION & IMMUNIZATION SERVICE INC.



Principal Place of Business Mailing Address
 2526 S.W. 27TH AVENUE 2526 S.W. 27TH AVENUE
 MIAMI, FL 33133 MIAMI, FL 33133

14011068



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04222005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
65-0761915 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 BASTERRECHEA, MABEL
 1523 BLUE ROAD
 CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
5745 SW 46 TER.
 City State Zip Code
MIAMI FL 33100

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BASTERRECHEA, MABEL	
STREET ADDRESS	2526 SW 27 AVE. SUITE 2	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	FIGAROLA, FERNANDO	
STREET ADDRESS	1439 MILLER RD.	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGAROLA, FERNANDO	
STREET ADDRESS	5860 SW 45 TER.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05 (305) 461-2800
 Date Daytime Phone #