

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106955

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: ALL PETS VETERINARY GROUP, INC.

**Current Principal Place of Business:**

1835 S.W. 27TH AVE.  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

1835 S.W. 27TH AVE.  
MIAMI, FL 33145

**New Mailing Address:**

FEI Number: 65-0828286      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DIAZ, PEDRO M  
1835 S.W. 27TH AVE.  
MIAMI, FL 33145 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: HOLLOWAY, CARMELA  
Address: 8635 NW 8 STREET #406  
City-St-Zip: MIAMI, FL 33126

Title: DST ( ) Delete  
Name: DIAZ, PEDRO M  
Address: 7933 WEST DRIVE, APT. 921  
City-St-Zip: NO. BAY VILLAGE, FL 33141

Title: DP (X) Delete  
Name: CHAVIANO, JOSE A  
Address: 1961 SW 36 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HOLLOWAY, CARMELA  
Address: 8635 NW 8 STREET #406  
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CARMELA HOLLOWAY

PD

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date