

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000085908

**Entity Name:** CLINICA VETERINARIA DEL CENTRO MARACAIBO, CORP

**Current Principal Place of Business:**

2350 NE 135 STREET  
1110  
MIAMI, FL 33181

**FILED**  
**Apr 29, 2021**  
**Secretary of State**  
**3237062748CC**

**Current Mailing Address:**

2350 NE 135 STREET  
1110  
MIAMI, FL 33181 US

**FEI Number: 85-4223000**

**Certificate of Status Desired: No**

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

VILLALOBOS, ABDIAS  
2350 NE 135 STREET  
1110  
MIAMI, FL 33181 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 P  
Name VILLALOBOS FUENMAYOR, ALBERTO  
A  
Address 2350 NE 135 STREET #1110  
City-State-Zip: MIAMI FL 33181

Title VP  
Name SALCEDO ARAUJO, DESSIDREE C  
Address 2350 NE 135 STREET #1110  
City-State-Zip: MIAMI FL 33181

Title S  
Name VILLALOBOS, ABDIAS  
Address 2350 NE 135 STREET #1110  
City-State-Zip: MIAMI FL 33181

*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: ALBERTO A VILLALOBOS FUENMAYOR**

**P**

**04/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date