


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 494324
 1. Entity Name
 HOSPITAL VETERINARIO LEJEUNE, INC.



Principal Place of Business 4301 N.W. 7TH ST. MIAMI, FL 33126	Mailing Address 4301 N.W. 7TH ST. MIAMI, FL 33126
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01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1679235	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
 PEREZ, OSVALDO A.
 2043 S.W. 60 COURT
 MIAMI, FL 33155

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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)
 Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ, OSVALDO A. 2043 S.W. 60 CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARTINEZ, LISARDO J. 3705 S.W. 130 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PEREZ, MARIA T. 2043 S.W. 60 CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARTINEZ, MIRNA V. 3705 S.W. 130 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/20/04-80017-004 150.00

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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: *M Martinez* 1/14/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #