

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 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**

**DO NOT WRITE IN THIS SPACE**



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1679235**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PEREZ, OSVALDO A.  
2043 S.W. 60 COURT  
MIAMI, FL 33155**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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02/08/06-80079-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #