


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT# 664959
 1. EntityName
 CABALLERO ANIMAL CLINIC D.V.M.P.A.



PrincipalPlaceofBusiness MailingAddress
 10760WESTFLAGLERST. 10760WESTFLAGLERST.
 STORE #9 STORE #9
 MIAMI, FL 33174 MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE



01112005 NoChg-P CR2E034(10/03)

4. FEINumber 59-1979694 AppliedFor NotApplicable
 5. CertificateofStatusDesired \$8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent
 CABALLERO, RICARDO V
 10760 WEST FLAGLER ST.
 MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE

8. Theabovenameentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccepttheobligationsofregisteredagent

SIGNATURE _____ (NOTE: Registered Agents signature required where instancg) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 NAME STREET ADDRESS CITY - ST - ZIP | PD CABALLERO, RICARDO V 2244 SW 132 COURT MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000187080
 01/21/05-80085-003 150.00

DO NOT WRITE IN THIS SPACE

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: *Ricardo V. Caballero* 01-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#