

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G57166

FILED
Apr 10, 2007
Secretary of State

Entity Name: QUAIL ROOST ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

10575 QUAIL ROOST DRIVE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10575 QUAIL ROOST DRIVE
MIAMI, FL 33157

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CATLIN, H. JAMES, JR.
169 E. FLAGLER STREET
SUITE 800
MIAMI, FL 33131 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: STP () Delete
Name: IBANEZ, JULIO,
Address: 10575 QUAIL ROOST DR
City-St-Zip: MIAMI, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STP (X) Change () Addition
Name: JULIO, IBANEZ STP
Address: 10575 QUAIL ROOST DR
City-St-Zip: MIAMI, FL, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JULIO A. IBANEZ

PRES

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date