


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90557 001 ***158.75

DOCUMENT # P01000016661 1. Entity Name MARQUEZ VETERINARY PRODUCTS CORP.			
Principal Place of Business 7830 W 6 AVE HIALEAH, FL 33014		Mailing Address 7830 W 6 AVE HIALEAH, FL 33014	
2. Principal Place of Business 5745 SE 140th St.		3. Mailing Address 5745 SE 140th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Summerfield, FL		City & State Summerfield, FL	
Zip 34491		Zip 34491	
Country USA		Country USA	
4. FEI Number 65-1072419		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARQUEZ, ENRIQUE A 4801 SW 143RD AVENUE MIRAMAR, FL 33027		7. Name and Address of New Registered Agent Name Marquez, Enrique Street Address (P.O. Box Number is Not Acceptable) 5745 S.E. 140 St. Summerfield City Summerfield FL Zip Code 34491	
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 <u><i>Evangelina Castillo</i></u> 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARQUEZ, ENRIQUE A 4801 SW 143RD AVENUE MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5745 S.E. 140 St. Summerfield, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CASTILLO, EVANGELINA 4801 SW 143RD AVENUE MIRAMAR, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5745 S.E. 140 St. Summerfield, FL 34491
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Evangelina Castillo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/28/05 (352) 302-2581 <small>Date Daytime Phone #</small>	