2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# P01000027015

Entity Name: ALL VETERINARY SUPPLY, INC.

Current Principal Place of Business:

175 FONTAINBLEAU BLVD.
SUITE 1N1
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

175 FONTAINBLEAU BLVD.
SUITE 1N1
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-1088767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUENO LABIADA, LISETTE
175 FONTAINEBLEAU BLVD
1N1
MIAMI, FL 33172 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: P ( ) Delete
Name: BUENO LABIADA, LISETTE
Address: 4465 SW 160CT
City-St-Zip: MIAMI, FL 33185

Title: VPS ( ) Delete
Name: BUENO, IDALBERTO
Address: 1296 NW 9 LANE
City-St-Zip: MIAMI, FL 33182

Title: SD ( ) Delete
Name: BUENO, IDALBERTO
Address: 175 FONTAINEBLEAU BLVD., SUITE 1N1
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LISETTE BUENO LABIADA P 04/19/2006

Electronic Signature of Signing Officer or Director — Date