

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90104 006 ***150.00

DOCUMENT # P01000027015 1. Entity Name ALL VETERINARY SUPPLY, INC.			
Principal Place of Business 175 FONTAINBLEAU BLVD. SUITE 1N1 MIAMI, FL 33172		Mailing Address 175 FONTAINBLEAU BLVD. SUITE 1N1 MIAMI, FL 33172	
2. Principal Place of Business - No P.O. Box # 8815 NW 33rd ST Suite, Apt. #, etc.		3. Mailing Address 8815 NW 33rd ST Suite, Apt. #, etc.	
City & State Doral, FL Zip 33122		City & State Doral, FL Zip 33122	
Country USA		Country USA	
4. FEI Number 65-1088767		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUENO LABIADA, LISETTE 175 FONTAINEBLEAU BLVD 1N1 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Lisette Bueno Labiada Street Address (P.O. Box Number is Not Acceptable) 8815 NW 33rd Street City Doral FL Zip Code 33122	
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: 1-4-08 <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, 2008 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	P BUENO LABIADA, LISETTE <input type="checkbox"/> Delete 4465 SW 160CT MIAMI, FL 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Delete BUENO, IDALBERTO 1296 NW 9 LANE MIAMI, FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete BUENO, IDALBERTO 175 FONTAINEBLEAU BLVD., SUITE 1N1 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bueno, Idalberto 8815 NW 33rd Street Doral, FL 33122
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
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
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 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: Lisette B. Labiada 1-4-08 (305) 975 2729 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			