2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name G&G VACINE CLINIC, INC.

SIGNATURE:

DOCUMENT # P02000040376



FILED Feb 10, 2006 8:00 am Secretary of State 02-10-2006 90011 047 ***150.00

						No.	55/								
Principal Place 5627 29TH S BRADENTON,	STREET, EA	ST	Address 29TH STREET, EAST ENTON, FL 34203				1 1 3 1 117 11 1 1					EIRO IIHI IBOYO K			
2. Principal P 6821	lace of Busin	gess ITREST, EAST	3. Mailing / 82/	. Mailing Address 682/ 7/54 STREET EAST											
Suite, Apt.	#, etc.		Suite, A	Suite, Apt. #, etc.				01312006 Chg-P CR2E034 (11/05)							
City & State BRAD	ENTON	1,FL. 34203	BRADE	City & State BRAD ENTON, FL.				4. FEI Num 01-06		4				oplied ot Apr	For plicable
34203- 1				7/203-7/76 Count MA			NATE: 5. Certificate of Status Desired					S8.75 Additional Fee Required			
	6. Name	e and Address of Current		•	7. Name a	nd Addı	ress of I	New Re	gistered	Agent					
SPIEGEL 8 1840 SW 2 4TH FLOO	2ND ST.	A, P.A.				Name Street Addr	ress (F	P.O. Box Num	nber is N	lot Acce	eptable)				
MIAMI, FL 33145												FL	Zip Coo	ie	
		ty submits this statement for	or the purpose	of changing its	register	ed office or re	gistere	ed agent, or l	ooth, in t	the State	e of Flor			and	accept
SIGNATURE	ions or regis	itered agent.													
	Signature, types	d or printed name of registered agen	and title if applicat	xe. (NOT	E: Registere	d Agent signature r	required	when reinstating)	T.			DATE			
		FEE IS \$150.00 6 Fee will be \$550.		Election Campa Trust Fund Con	-	ncing		00 May Be ad to Fees							
10.		OFFICERS AND	DIRECTORS	☐ Delete	11.			ADDITION	IS/CHA	NGES T	O OFFI	CERS AN	D DIRECTOR		
TITLE NAME	PSTD COR O NA	E							Change	L	Addition				
STREET ADORESS CITY-ST-ZIP	2912 401	TH AVE. WEST ITON, FL 34205			STRE	ET ADDRESS -ST-ZIP									
TITLE				☐ Delete	TITLE								☐ Change		Addition
NAME STREET ADDRESS	ļ.				NAM STRE	EET ADDRESS									
CITY-ST-ZIP					CITY	-ST-ZIP									
TITLE NAME STREET ADDRESS				☐ Delete	TITLI NAM STRE								☐ Change		Addition
CITY-ST-ZIP					CITY	-ST-ZIP									
TITLE				☐ Delete	TITL								☐ Change		Addition
NAME STREET ADDRESS					NAM STRE	EET ADDRESS									
CITY-ST-ZIP					- 8	r-ST-ZIP									
TITLE				Delete	TITL								☐ Change		Addition
NAME STREET ADDRESS					NAM STRI	ie Eet address									
CITY-ST-ZIP						Y-ST-ZIP									
TITLE				☐ Delete	TITL	E			-				☐ Change		Addition
NAME					NAM	I .									
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (-ST-ZIP									
40 11 1	certify that t	he information supplied wi	th this filing do	pes not qualify t	for the ex	emptions con	ntained	I in Chapter	119, Flo	rida Sta	tutes. I	further ce	ertify that the	inforn	nation
indicated of the co changed	on this rep rporation or I, or on an at	ne information supplied wi ort or supplemental report the receiver or thistee em ttachment with an address	ns true and acconvered to ex owered to ex , with all other	curate and that ecute this repor like empowered	rriy signa rt as requ d.	ired by Chapt	ter 607	, Florida Stat	iutes; ar	of that n	ny name	e appears	in Block 10	or Blo	ck 11 if