


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90386 005 \*\*\*150.00

<b>DOCUMENT # P02000045505</b>	
1. Entity Name <b>VETERINARY MOBILE SERVICES, INC.</b>	

Principal Place of Business <b>NEW ADDRESS</b>	Mailing Address
<b>21001 SW 198 AVE MIAMI, FL 33187 8232 185th Rd LIVE OAK, FL 32060</b>	<b>21001 SW 198 AVE 8232 185th Rd MIAMI, FL 33187 LIVE OAK, FL 32060</b>

**DO NOT WRITE IN THIS SPACE**

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>03-0444539</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MENA, MARY K 21001 SW 198 AVE MIAMI, FL 33187</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MENA, CESAR E 21001 SW 198 AVE MIAMI, FL 33187 <b>8232 185th Rd LIVE OAK, FL 32060</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MENA, MARY K 21001 SW 198 AVE MIAMI, FL 33187 <b>8232 185th Rd LIVE OAK, FL 32060</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **CESAR E. MENA PRES.** **3-07-07 786-258-2688**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #