## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: //

## FILED Feb 16, 2005 08:00 AM Secretary of State

ANNUAL REPORT				- 10, 2003 00.00		
DOCUMENT # P03000028051				Secretary o	i Stat	
1. Entity Nam	ne			<b>A</b> )		
GLOBAL	VETERINARY SERVICES,	NG.		7		
Principal Plac	ce of Business	Mailing Address				
		333 NORTHEAST 23RD STREE	T			
BUCA KATUI	N, FL 33431	BOCA RATON, FL 33431				
		<u> </u>				
					))MINE) E) INNE	
				01272005 No Chg-P CR2E034 (10/03	)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Number	Applied For	
				54-2105021	Not Applicable	
				5. Certificate of Status Desired  Fee Requi		
	6. Name and Address of Current F	tegistered Agent				
SPIEGEI	RITREPÄ PΔ			DO NOT WOITE		
SPIEGEL & UTRERĀ, P.A. 1840 SW 22ND ST.			==	DO NOT WRITE		
4TH FLOOR MIAMI, FL 33145			ļ	IN THIS SPACE		
WII(-1411; 1 E	. 00140		1			
O The above	named antiby a domite this statement for	the purpose of changing its register	ad office or recipion	ered agent, or both, in the State of Florida. I am familiar with	n and accept	
the obligat	tions of registered agent.	na hai bosa ai cusußußus its iafliaiai	en ource or redister	ered agent, or pout, at the state of Florida. Tan familia with	i, and accept	
SIGNATURE.						
	Signature, typed or printed name of registered agent a	nd title if applicable. (NDTE: Register	ed Agent signature required	ed when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				5.00 May Be   1100000231513   1100000231513   1100000231513   1100000231513   1100000231513   1100000231513   11000000231513   11000000231513   11000000231513   11000000231513   11000000231513   110000000231513   110000000231513   110000000231513   1100000000231513   110000000231513   110000000231513   11000000000000000000000000000000000	150.00	
10.	OFFICERS AND	DIRECTORS	<b>j</b>			
TITLE NAME	DPST — SIMPSON, RICHARD		_			
STREET ADDRESS	333 NORTHEAST 23RD STREET	• =				
CITY-ST-ZIP	BOCA RATON, FL 33431	<u></u>		<del></del>		
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	certify that the information supplied with	this filing does not qualify for the exe	mption stated in Se	Section 119,07(3)(i), Florida Statutes. I further certify that the	information	
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee emoo	Mue and accurate and that my signa wered to execute this report as requ	ture shall have the fred by Chapter 607	Section 119.07(3)(i), Florida Statutes. I further certify that the e same legal effect as if made under oath; that I am an office 07, Florida Statutes; and that my name appears in Block 10	er ar director or Block 11 if	
changed,	, or on an attachment with an address, w	ith all other like empowered.			10	