

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 19, 2006
Secretary of State**

DOCUMENT# P03000036375

Entity Name: GARDENS ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

2750 W 68 ST, STE 121
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

2750 W 68 ST, STE 121
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 65-1179443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVAS, FAUSTO F
2750 W 68 ST, STE 121
HIALEAH, FL 33016 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

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: RIVAS, MARIA M
Address: 4811 NW 177TH STREET
City-St-Zip: OPA LOCKA, FL 33055

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR () Change (X) Addition
Name: RIVAS, FAUSTO F
Address: 4811 NW 177 ST.
City-St-Zip: OPA-LOCKA,, FL 33055

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: FAUSTO F. RIVAS

DIR

06/19/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date