## FILED Apr 23, 2008 8:00 am

2008	<b>FOR</b>	<b>PROFIT</b>	CORP	ORATIO	N
	Α	NNUAL	REPOR	<b>T</b>	

	ANNUAL	Secretary of State		
1. Entity Name	MENT # P03000081 S VETERINARY, INC.	533		04-23-2008 90020 025 ***150.00
Principal Place 15090 BISCA NORTH MIAM		Mailing Address C/O M. FIGUEROA 308 ALHAMBRA CIRCLE CORAL GABLES, FL 331	34 US	- 
Principal Place of Business - No P.O. Box #     Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			04172008 Chg-P CR2E034 (12/06)	
City & State	.,	City & State		4. FEI Number   Applied For   83-0366894   Not Applicab
Zip —————	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
	, ALBERT CAYNE BLVD. IAMI BEACH, FL 33181			ss (P.O. Box Number is Not Acceptable)
	* *		City	FL Zip Code
	named entity submits this statement to ions of registered agent.	or the purpose of changing its r	registered office or registr	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent signature requir	uired when reinstalting) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$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	PSD WILLIAMS, ALBERT 15090 BISCAYNE BLVD NORTH MIAMI BEACH, FL 331	☐ Delete	, TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addiki
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
indicated of the co	d on this report or supplemental report	is true and accurate and that n powered to execute this report	ny signature shall have th as required by Chapter 6	ined in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or directo 607, Florida Statutes; and that my name appears in Block 10 or Block 11

4/17/08

(305) 446-1120

Daytime Phone #