

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081533

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: WILLIAMS VETERINARY, INC.

## Current Principal Place of Business:

15090 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33181

## New Principal Place of Business:

## Current Mailing Address:

C/O M. FIGUEROA  
308 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134 US

## New Mailing Address:

C/O M. FIGUEROA, CPA  
308 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134 US

FEI Number: 83-0366894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, ALBERT  
15090 BISCAYNE BLVD.  
NORTH MIAMI BEACH, FL 33181 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: WILLIAMS, ALBERT  
Address: 15090 BISCAYNE BLVD  
City-St-Zip: NORTH MIAMI BEACH, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: ALBERT WILLIAMS

PSD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date