2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2006 08:00 AM Secretary of State

DOCUMENT # P05000113645 1. Entity Name CIMO PRODUCT ANIMAL CORP.					Secretary of State	
Principal Place of Business		Mailing Address				
2374 NASO ST. MAM, FL 33142		2374 NASO ST. MAM, FL 33142				
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2. Principal Place of Business		3. Mailing Address				
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Sulte, Apt. #, etc.		Suite, Apt. #, etc.			01052006 Chg-P CR2E034 (11/05)	
City & State		City & State			4. FEI Number Applied For Not Applied	
Zip	ip Country Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent	
				Name		
MILLAN, CARLOS A. 2374 NW 30 ST. MIAMI, FL 33142			Street Address	(P.O. Box Number is Not Acceptable)		
,						
				City	FL Zip Code	
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_ Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS ANI		11,		ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 05/19/06-80057-0701300-05/19/06	-
TITLE NAME	P MILLAN, CARLOS A.	☐ Delete	TITU NAN		05/19/06-80057-0101150.00	HION
STREET ADDRESS	2374 NW 30 ST.			EET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33142		_	Y-ST-ZIP	☐ Change ☐ Addi	lilion
TITLE NAME	MILLAN, IRMA C.	Delete	TITE Nam		El Charige El voca	IDOX)
STREET ADDRESS	2374 NW 30 ST.			EET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33142	☐ Delete	THE	Y-ST-ZIP	☐ Change ☐ Addi	lition
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NAME		11 0000	. NAN	ME		
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP	•	
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NAME STOCET ADDRESS			NAM STD		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP				EET ADORESS Y-ST-ZIP		
	certify that the information supplied wi	th this filing does not qualify	for the ex	emptions containe	ed in Chapter 119, Florida Statutes. I further certify that the informatio	,n

12. Hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report or supplemental report is true and accurate and that fit 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 region as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 or on an attachment with an address, with all other like empowered.

SIGNATURE:

CARLOS A. Willan

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRE

5/2/2006

305-631-2110

Daylime Phone #