

2008 FOR PROFIT CORPORATION ANNUAL REPORT



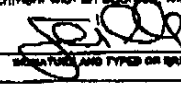
FILED
May 28, 2008 8:00 am
Secretary of State

04-22-2008 90014 027 ***150.00

DOCUMENT # P07000005449 1. Entity Name VETCARE ANIMAL SUPPLY INC					
Principal Place of Business 23001 SW 112 CT MIAMI, FL 33170			Mailing Address 23001 SW 112 CT MIAMI, FL 33170		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-8975645				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARA, GUILLERMO 23001 SW 112 CT MIAMI, FL 33170			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P.D LARA, GUILLERMO 23001 SW 112 CT MIAMI, FL 33170 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: 			4/14/08 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/22/2008-90014-027-\$150.00-\$150.00

DOCUMENT # P07000005449			
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Principal Place of Business 23001 SW 112 CT MIAMI, FL 33170		Mailing Address 23001 SW 112 CT MIAMI, FL 33170	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-8975045		Applied For Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LARA, GUILLERMO 23001 SW 112 CT MIAMI, FL 33170		7. Name and Address of New Registered Agent Name 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:  DATE: 4/14/08 <small>Signature, hand or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$600.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P.D. <input type="checkbox"/> Delete LARA, GUILLERMO 23001 SW 112 CT MIAMI, FL 33170	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: 		DATE: 4/14/08 County Phone #	

ATTACHMENT

66012421

ATTACHMENT

VETCARE ANIMAL SUPPLY, INC.
23001 SW 112 CT
MIAMI, FL 33170

66012421

May 22, 2008

VIA US CERTIFIED MAIL
#7008 0150 0002 3245 5550

DIVISION OF CORPORATIONS
PO Box 1500
Tallahassee, FL 32302-1500

Re: P07000005449
Annual Renewal

Dear Sir/Madam,

In response to your letter dated May 3, 2008 and pursuant to the instructions therein, please find copy of the 2008 Annual Report completed on Block 4, as requested. The corporation's Federal Employer Identification is 20-8975645. Our office submitted the report and annual fee on April 14, 2008 and inadvertently omitted the FEI number for said corporation (see attached).

Should you have any questions regarding the above referenced please feel free to contact me directly at: 786-712-6912.

Sincerely,


Guillermo Lara
President

Encl.