## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 28, 2008 8:00 am Secretary of State **DOCUMENT # P07000005449** 04-22-2008 90014 027 \*\*\*150.00 **VETCARE ANIMAL SUPPLY INC** Mailing Address Principal Place of Business 23001 SW 112 CT 23001 SW 112 CT MIAMI, FL 33170 MIAMI, FL 33170 66012421 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05222008 CR2E034 (12/06) Chg-P 4. FEI Number 2.0-897564 Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ----6. Name and Address of Current Registered Agent LARA, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 23001 SW 112 CT MIAMI, FL 33170 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE LARA, GUILLERMO NAME STREET ADDRESS STREET ADDRESS 23001 SW 112 CT CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33170 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TOTLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TELLE ☐ Delete NAME NAME STREET ADORESS

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 exercise.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

2008 FOR PROFIT CORPORATION 4/22/2008-90014-027-\$150.00-\$150.00

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LARA, GUILLERMO						Name					
23001 SW 112 CT ** MIAMI, FL 33170					Street Address (P.O. Box Number Is Not Acceptable)						
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changed, or on an allachment with an address, with all other title empowered.											
SIGNATURE:											

ATTACHMENT

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

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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.