

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000070691

FILED
Jun 30, 2006
Secretary of State

Entity Name: GABLES ANIMAL HEALTH CENTER, INC.

Current Principal Place of Business:

4561 PONCE DE LEON
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4561 PONCE DE LEON
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0522101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TONARELY, JORGE
1111BRICKELL BAY DRIVE, APT# 3109
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

TONARELY, JORGE
4561 PONCE DE LEON BLVD
MIAMI, FL 33146 US

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: JORGE TONARELY

06/30/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JORGE TONARELY,
Address: 111 BRICKELL BAY DR. 3109
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JORGE TONARELY,
Address: 4561 PONCE DE LEON BLVD
City-St-Zip: MIAMI, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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: JORGE TONARELY

PRES

06/30/2006

Electronic Signature of Signing Officer or Director

Date