

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000013141

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** EL CID ANIMAL CLINIC INC.

**Current Principal Place of Business:**

3006 S DIXIE HWY  
W PALM BEACH, FL 33405 US

**New Principal Place of Business:**

**Current Mailing Address:**

3006 S DIXIE HIGHWAY  
W PALM BEACH, FL 33405 US

**New Mailing Address:**

**FEI Number:** 65-0561943      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, XAVIER  
502 28TH ST.  
WEST PALM BEACH, FL 33407 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GARCIA, XAVIER  
Address: 502 28TH ST.  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D  
Name: GARCIA, JOAQUIN  
Address: 502 28TH ST.  
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby 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 all other like empowered.

SIGNATURE: XAVIER GARCIA

P

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date