2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000033072

Entity Name
VINCENT GUERRERO D.V.M., P.A.



FILED Apr 17, 2008 08:00 All Secretary of State

Principal Place of Business

132 S HIBISCUS COURT PLANTATION, FL 33317

Mailing Address

132 S HIBISCUS CT PLANTATION, FL 33317



DO NOT WRITE IN THIS SPACE

02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0679752

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRERO, VINCENT 132 S HIBISCUS CT PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees | U00000903925 |04/30/08-80065-022 150.00

OFFICERS AND DIRECTORS 10. TITLE NAME VINCENT R. GUERRERO 132 S HIBISCUS CT STREET ADDRESS CITY-ST-ZIP PLANTATION, FL TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET_ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 all pther like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

954.609-4811

Daytime Phone i