


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
 May 07, 2004 08:00 AM
 Secretary of State

DOCUMENT # P97000050203

1. Entity Name
ANIMAL STERILIZATION & IMMUNIZATION SERVICE INC.



Principal Place of Business Mailing Address
2526 S.W. 27TH AVENUE **2526 S.W. 27TH AVENUE**
MIAMI FL 33133 **MIAMI FL 33133**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. # etc.		Suite, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FCI Number **65-0761915** Applied For
 Not Applied

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BASTERRECHEA, MABEL
1523 BLUE ROAD
CORAL GABLES FL 33146

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 am the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed in name of registered agent and filed if applicable. (NOTE: Registered Agent's name is required when re-registering)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00 May Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BASTERRECHEA, MABEL	
STREET ADDRESS	2526 SW 27 AVE. SUITE 2	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	FIGAROLA, FERNANDO	
STREET ADDRESS	1439 MILLER RD.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 05/07/04-80011-025 150.00

Copy of previous filing where not checked was not checked by mistake

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, 3102, 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. This information is for the use of the corporation or the receiver or trustee empowered to execute this report as required by Section 702, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: **MABEL BASTERRECHEA**

[Signature]