## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000050203

FILED Jul 26, 2006 Secretary of State

Entity Name: ANIMAL STERILIZATION & IMMUNIZATION SERVICE INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2526 S.W. MIAMI, FL	27TH AVENU 33133	JE			
Current M	lailing Addres	ss:	New Mailing Address	s:	
2526 S.W. MIAMI, FL	27TH AVENU 33133	JE			
FEI Number	: 65-0761915	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:		
BASTERR	ECHEA MAB	EL			
5745 SW 4 MIAMI, FL The above	33155 US named entity		purpose of changing its registered	d office or registered agent, or both,	
5745 SW 4 MIAMI, FL The above n the State	46 TERR 33155 US named entity of Florida.		purpose of changing its registered	d office or registered agent, or both,	
5745 SW 4 MIAMI, FL The above	46 TERR 33155 US named entity of Florida. RE:			d office or registered agent, or both,  Date	
5745 SW 4 MIAMI, FL The above n the State SIGNATUI	46 TERR 33155 US named entity of Florida. RE: Electror	submits this statement for the լ			
5745 SW 4 MIAMI, FL The above n the State SIGNATUI	46 TERR 33155 US named entity of Florida. RE: Electror	submits this statement for the pair of the pair of Registered Agground of Registered Agground of the part of the pair of the p	ent		
5745 SW 4 MIAMI, FL The above n the State SIGNATUI	46 TERR 33155 US named entity e of Florida.  RE: Electror mpaign Financin S AND DIREC	submits this statement for the particles of Registered Agrang Trust Fund Contribution ( ).  TORS:  ) Delete EA, MABEL VE. SUITE 2	ent	Date	

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: MABEL BASTERRECHEA PTD 07/26/2006