

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050203

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ANIMAL STERILIZATION & IMMUNIZATION SERVICE INC.

**Current Principal Place of Business:**

2526 S.W. 27TH AVENUE  
MIAMI, FL 33133

**New Principal Place of Business:**

2526 S.W. 27TH AVENUE  
1  
MIAMI, FL 33133

**Current Mailing Address:**

2526 S.W. 27TH AVENUE  
MIAMI, FL 33133

**New Mailing Address:**

2526 S.W. 27TH AVENUE  
1  
MIAMI, FL 33133

FEI Number: 65-0761915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BASTERRECHEA, MABEL  
5745 SW 46 TERR  
MIAMI, FL 33155 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: BASTERRECHEA, MABEL  
Address: 2526 SW 27 AVE. SUITE 2  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date