

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # S65528

1. Entity Name
A A A VET. MOBILE CORP.



Principal Place of Business

**14627 SW 104 ST.
MIAMI, FL 33186**

Mailing Address

**14627 SW 104 ST.
MIAMI, FL 33186**



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0375463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FIGUEROA, ROSARIO A ESQ
1701 SW 2ND AVE.
MIAMI, FL 33189**

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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**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000858346

04/01/08 88941 013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MARTINEZ, HECTOR C.
STREET ADDRESS	14627 SW 104 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	M
NAME	BLANCA, AYALA
STREET ADDRESS	15233 SW 142 AVE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	V
NAME	MARTINEZ, MAYRA
STREET ADDRESS	14738 SW 132 AVE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08 (305) 386-9909

Date

Daytime Phone #