

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42055

FILED
Mar 15, 2004
Secretary of State

Entity Name: VETERINARY SPECIALTY PRODUCTS, INC.

Current Principal Place of Business:

P.O. BOX 812005
BOCA RATON, FL 33481

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 812005
BOCA RATON, FL 33481

New Mailing Address:

FEI Number: 65-0344204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEDMAN, ADINA RAE
5266 FAIRWAY WOODS DR, #4011
DELRAY BEACH, FL 33484 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: P () Delete
Name: FREEDMAN, ADINA RAE
Address: 5266 FAIRWAY WOODS DR, #4011
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP () Delete
Name: ALTMAN, ROBERT B
Address: 2662 NW 41ST STREET
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ADINA RAE FREEDMAN

PRES

03/15/2004

Electronic Signature of Signing Officer or Director

Date