

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 664959

**Entity Name:** CABALLERO ANIMAL CLINIC D.V.M.P.A.

**Current Principal Place of Business:**

10760 WEST FLAGLER ST.  
STORE #9  
MIAMI, FL 33174

**Current Mailing Address:**

10760 WEST FLAGLER ST.  
STORE #9  
MIAMI, FL 33174

**FEI Number:** 59-1979694

**Certificate of Status Desired:** No

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

CABALLERO, RICARDO V  
10760 WEST FLAGLER ST.  
MIAMI, FL 33174 US

*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

**Officer/Director Detail :**

Title PD  
Name CABALLERO, RICARDO V  
Address 2244 SW 132 COURT  
City-State-Zip: MIAMI FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** RICARDO CABALLERO

PD

01/09/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date