2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State
02-13-2004 90004 009 ****61.25

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DOCUMENT # N04162

1. Entity Name
SAVE A PET FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O BERTRAM SHAPERO, ESQUIRE 120 OLIVE AVENUE, SUITE 301 WEST PALM BEACH, FL 33401-5532 US	C/O BERTRAM SHAPERO, ESQUIRE 1128 ROYAL PALM BEACH BLVD, #407 WEST PALM BEACH, FL 33411 US

02102004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
11648 SUNSET BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State
Zip: 33411 Country	Zip Country

4. FEI Number: 59-2425726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAPERO, BERTRAM M. 120 OLIVE S. STE 301 WEST PALM BEACH, FL 33401	Name: BERTRAM SHAPERO Street Address (P.O. Box Number is Not Acceptable): 11648 SUNSET BLVD City: WEST PALM BEACH FL Zip Code: 33411

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAXWELL, GERTRUDE 1700 S. OCEAN BLVD PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MELTZER, FRED 5190 LAKE WORTH RD GREEN ACRES CITY, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALLEN, NORMA 127 PERUVIAN AVE. PALM BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GCD BERTRAM, SHAPERO 120 OLIVE AVENUE, S, SUITE 301 WEST PALM BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GC/O/S 1128 ROYAL PALM BEACH BLVD, #407 WEST PALM BEACH, FL 33411	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LIVELY, CATHY 6801 LAKE WORTH RD LAKE WORTH, FL 334672974	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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: BERTRAM SHAPERO 2/15/04 (561)3332692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #