

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003708

Entity Name: OPERATION PAW, INC.**Current Principal Place of Business:**929 NW 49 STREET
MIAMI, FL 33127**Current Mailing Address:**929 NW 49 STREET
MIAMI, FL 33127**FEI Number:** 46-5405193**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, TIA
929 NW 49 STREET
MIAMI, FL 33127 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	D	Title	D
Name	WILLIAMS, TIA	Name	RASHID, ISMAILIA
Address	929 NW 49 STREET	Address	4699 NW 7 AVE
City-State-Zip:	MIAMI FL 33127	City-State-Zip:	MIAMI FL 33127
Title	D	Title	DIRECTOR
Name	BOWMASTER, LEISA	Name	DOHNER, WENDY
Address	1195 WEST RIVERSIDE DRIVE	Address	242 UMBRELLA PLACE
City-State-Zip:	PERTH-ANDOVER NEW BRUNSWICK E7H5G6	City-State-Zip:	JUPITER FL 33458

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIA D WILLIAMS**DIRECTOR****04/14/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date