2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90050 023 ****70.00

DOCUMENT # 730565

1. Entity Name

ANIMAL WELFARE SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
8601 SUNSET DRIVE MIAMI FL 33143 US	8601 SUNSET DRIVE MIAMI FL 33143 US

400008628

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
298 GRANELLO Ave	298 GRANELLO Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CORAL GABLES	CORAL GABLES
City & State: FLA	City & State: FLA
Zip: 33146 Country:	Zip: 33146 Country:

4. FEI Number: 59-1557645 ☐ 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
KAHN, GILBERT 10 EDGEWATER DR CORAL GABLES FL 33156	Name: BARRIE SANO Street Address (P.O. Box Number is Not Acceptable): 13511 N.E 24 COURT NO MIAMI FL 33181 City: FL Zip Code

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] BARRIE SANO 1/20/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	COBD KAHN, GILBERT S 4975 N KENDALL DR MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD BLAIR, BETTY EVE 4975 N KENDALL DR MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KING, KAY 2075 IXORA RD,KEYSTN PT N MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SANO, BARRIE 13511 NE 24 COURT N MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KOGAN, ROSE 3722 ROYAL PALM AVE MIAMI BEACH FL 33140	☐ 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: [signature] BARRIE SANO TREAS 305-630-3940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #