

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90422 029 ****70.00

DOCUMENT # 730565	
1. Entity Name ANIMAL WELFARE SOCIETY OF SOUTH FLORIDA, INC.	

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



1st MOORE CR2E037 (10/05)

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 SAND, BARRIE 13511 NE 24 COURT NO MIAMI FL 33181		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
CSO BLAIR, BETTY EVE 4975 N KENDALL DR MIAMI FL	☐		
PD KING, KAY 2075 IXORA RD, KEYSTN PT N MIAMI FL	☒		
TD SANO, BARRIE 13511 NE 24 COURT N MIAMI FL	☐	P/T/D	☒
VPD KOGAN, ROSE 3722 ROYAL PALM AVE MIAMI BEACH FL 33140	☒		
	☐	D BLEENER, RENEE 6381 NO. Bay Road Miami Beach FL 33141	☐ Change ☒ Addition
	☐	D CHAPELLE, CATHIE 7260 S.W. 148 COURT MIAMI FLA. 33193	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Barrie Sano* **BARRIE SANO P/T/D** 4/12/06 305-661-8783