

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90045 014 ****70.00

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



Principal Place of Business Mailing Address
 298 GRANELLO AVE 298 GRANELLO AVE
 CORAL GABLES FL 33146 CORAL GABLES FL 33146
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Miami FLA

City & State City & State
 1st MOORE CR2E037 (10/07)

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

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 reappointing)

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

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

TITLE	VP V.P.	<input type="checkbox"/> Delete
NAME	BLAIR, BETTY EVE	
STREET ADDRESS	4975 N KENDALL DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLEEMER, RENEE	
STREET ADDRESS	6381 N BAY RD	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	PRO TREAS	<input type="checkbox"/> Delete
NAME	SANO, BARRIE	
STREET ADDRESS	13511 NE 24 COURT	
CITY-ST-ZIP	N MIAMI FL	
TITLE	VP PRES	<input type="checkbox"/> Delete
NAME	CHAPELL, CATHIE	
STREET ADDRESS	7260 S.W. 148 ST	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	NICK STUBBS	
STREET ADDRESS	4403 PINECREST DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UGFP FLNIQAN, ESG	
STREET ADDRESS	999 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM DRISKWATER	
STREET ADDRESS	3501 SW 19 TERR	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER PASCIAK	
STREET ADDRESS	9300 SW 81 Ave	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMILY TOTINO	
STREET ADDRESS	4582 ROYAL PALM AVE	
CITY-ST-ZIP	MIAMI BEACH 33140	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN Eisenberg	
STREET ADDRESS	9595 S.W. 61 CT	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA Weeks	
STREET ADDRESS	13207 S.W. 87 Terr	
CITY-ST-ZIP	MIAMI FL 33183	

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: _____ DATE: **3/4/08** 305-661-8783