


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 730854 1. Entity Name THE GERMAN SHEPHERD DOG CLUB OF GREATER MIAMI, INC.	
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Principal Place of Business 14120 SW 24TH ST DAVIE, FL 33325 US	Mailing Address 14120 SW 24TH ST DAVIE, FL 33325 US
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05032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1635085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORNELIUS, SHARON 14120 SW 24TH ST DAVIE, FL 33325

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

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

U000000156241
05/05/04-80071-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORNELIUS, SHARON 14120 SW 24 STREET DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPO, MANNY 10750 SW 119TH ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORNELIUS, SHARON 14120 SW 24TH ST DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GURRI, KATHY PEREZ 9395 SW 106 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISALGUE, KAREN 10501 SW 99TH AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVENSON, ROBERT 6001 SW 108 STREET MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____