

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736394

FILED
Jan 16, 2008
Secretary of State

Entity Name: GREATER MIAMI DOG CLUB, INC.

Current Principal Place of Business:

2950 SW 103 AVENUE
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 960118
MIAMI, FL 33296 US

New Mailing Address:

2950 SW 103 AVENUE
MIAMI, FL 33165 US

FEI Number: 59-6197933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFINO, LOURDES
407 LINCOLN ROAD
2 B
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

ACOSTA, GRACE
2950 SW 103 AVE
MIAMI, FL 33165 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: GRACE ACOSTA

01/16/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERZON, JOHANNA
Address: PO BOX 960177
City-St-Zip: MIAMI, FL 33296

Title: D () Delete
Name: ACOSTA, GRACE
Address: 2950 SW 103 AVENUE
City-St-Zip: MIAMI, FL 33165

Title: VP () Delete
Name: HARKOW, ROSY
Address: PO BOX 561621
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: COFINO, PEDRO
Address: 407 LINCOLN ROAD SUITE 2B
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: HAYES, ODALYS
Address: 18505 S.W. 197 AVENUE
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HERZON, SANDY
Address: PO BOX 960177
City-St-Zip: MIAMI, FL 33296

Title: T (X) Change () Addition
Name: ACOSTA, GRACE
Address: 2950 SW 103 AVENUE
City-St-Zip: MIAMI, FL 33165

Title: VP (X) Change () Addition
Name: COFINO, LOURDES
Address: 407 LINCOLN ROAD SUITE 2B
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GRACE ACOSTA

T

01/16/2008

Electronic Signature of Signing Officer or Director

Date