## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000003014

FILED May 05, 2010 Secretary of State

Entity Name: THE NEW RESPONSIBLE PEOPLE-PET OWNERSHIP SELF-EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1170 N.W. 79 ST., 208-B 1170 N.W. 79 ST., 217-B MIAMI, FL 33150 MIAMI, FL 33150

Current Mailing Address: New Mailing Address:

1170 N.W. 79 ST., 208-B 1170 N.W. 79 ST., 217-B MIAMI, FL 33150 MIAMI, FL 33150

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEW GRAF PAIGE AND ASSOCIATES, INC.
1170 N.W. 79 ST., 208-B

NEW GRAF PAIGE AND ASSOCIATES, INC.
1170 N.W. 79 ST., 217-B

MIAMI, FL 33150 US MIAMI, FL 33150 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: WILLIAM G PAIGE 05/05/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DPT

 Name:
 PAIGE, WILLIAM G

 Address:
 1170 N.W. 79 ST., 217-B

 City-St-Zip:
 MIAMI, FL 33150

Title: DV

 Name:
 PAIGE, PATRICK H

 Address:
 7819 N.W. 228TH STREET

 City-St-Zip:
 RAIFORD, FL 320264230

Title: S

 Name:
 SLADE, SCHALLOT C

 Address:
 1170 N.W. 79 ST., 217-B

 City-St-Zip:
 MIAMI, FL 33150

Title: DVP

 Name:
 PAIGE, THOMAS R

 Address:
 1 HENDERSON RD

 City-St-Zip:
 LAKE PLACID, FL 33852

Title: DCS

Name: PEREZ, EFREN

Address: 10000 CARRIBEAN BLVD City-St-Zip: MIAMI, FL 33189

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM G PAIGE DPT 05/05/2010