

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90029 044 ****61.25

DOCUMENT # N01000002324

1. Entity Name
FRIENDS FOREVER RESCUE, INC.



Principal Place of Business

**11935 SW 102 AVENUE
MIAMI, FL 33176**

Mailing Address

**11935 SW 102 AVENUE
MIAMI, FL 33176**

DO NOT WRITE IN THIS SPACE



01282004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-1112741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAMEN, CINDI
7000 SW 97 AVE.
SUITE 210
MIAMI, FL 33173**

**CHESS, DOROTHY
11935 SW 102 AVE
MIAMI, FL 33176**

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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]

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

2/3/04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHESS, DOROTHY 11935 SW 102 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOSS, BARBARA 8971 SW 182 TERR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOYCHUK, SUSAN 10460 SW 110 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVENTHAI, RENA 6801 SW 147 AVE #2C MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**MARSHA WENIGER
9860 S.W. 182 TERR
MIAMI, FL 33176**

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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 #