

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002324

FILED
Jul 19, 2007
Secretary of State

Entity Name: FRIENDS FOREVER RESCUE, INC.

Current Principal Place of Business:

11935 SW 102 AVENUE
MIAMI, FL 33176

New Principal Place of Business:

16000 SW 91ST COURT
MIAMI, FL 33157

Current Mailing Address:

PO BOX 163455
MIAMI, FL 331163455

New Mailing Address:

FEI Number: 65-1112741 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

CHESS, DOROTHY
16000 SW 91 CT
MIAMI, FL 33157 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHESS, DOROTHY
Address: 11935 SW 102 AVE
City-St-Zip: MIAMI, FL 33176

Title: VPD () Delete
Name: MOSS, BARBARA
Address: 8971 SW 182 TERR
City-St-Zip: MIAMI, FL 33157

Title: S () Delete
Name: WEINGARDEN, MARSHA
Address: 9860 SW 182 TERR.
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: LEVENTHAI, RENA
Address: 6801 SW 147 AVE #2C
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DOROTHY CHESS

MS.

07/19/2007

Electronic Signature of Signing Officer or Director

Date