

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90129 047 *****61.25

DOCUMENT # N01000003496

1. Entity Name
SAVE-A-STRAY, INC.



Principal Place of Business

**66 NE 89TH ST
EL PORTAL, FL 33138**

Mailing Address

**66 NE 89TH ST
EL PORTAL, FL 33138**



04202005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1739683

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSEN, LELSLIE H
66 NE 89TH ST
EL PORTAL, FL 33138**

**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 May 1, 2005**

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
**D
ROSEN, LESLIE
66 NE 89TH ST
EL PORTAL, FL 33138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROSEN, DAVID
66 NE 89TH ST
EL PORTAL, FL 33138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LORENS, ALEXANDRA
173 NORTSHORE DR
MIAMI BEACH, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FERA, ANITA
75 NE 89TH ST
EL PORTAL, FL 33138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Schoenlank, Phyllis
21020 N.E. 25th Court
Miami, Florida 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

Leslie H. Rosen

Leslie H. Rosen

4-20-05 305725-5027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #