

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90116 018 \*\*\*\*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



1st MOORE

CR2E037 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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, LESLIE H  
66 NE 89TH ST  
EL PORTAL FL 33138

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSEN, LESLIE	
STREET ADDRESS	66 NE 89TH ST	
CITY - ST - ZIP	EL PORTAL FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSEN, DAVID	
STREET ADDRESS	66 NE 89TH ST	
CITY - ST - ZIP	EL PORTAL FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENS, ALEXANDRA	
STREET ADDRESS	173 NORTHSHORE DR	
CITY - ST - ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERA, ANITA	
STREET ADDRESS	75 NE 89TH ST	
CITY - ST - ZIP	EL PORTAL FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEHOENLANK, PHYLLIS	
STREET ADDRESS	21020 NE 25TH COURT	
CITY - ST - ZIP	MIAMI FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

Schoenlank, Phyllis ☒ Change ☐ Addition  
21020 NE 25th Ct.  
Miami, FL 33180

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-725-5027