


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

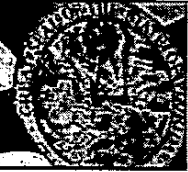
FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90030 036 ****62.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip	Country <i>Dade</i>	Zip	Country	4. FEI Number 31-1739683	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROSEN, LELSIE 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ROSEN, LESLIE 66 NE 89TH ST EL PORTAL, FL 33138		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ROSEN, DAVID 66 NE 89TH ST EL PORTAL, FL 33138		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete LORENS, ALEXANDRA 173 NORTSHORE DR MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete FERA, ANITA 75 NE 89TH ST EL PORTAL, FL 33138		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SCHOENLANK, PHYLLIS 21020 NE 25TH COURT MIAMI, FL 33180		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Leslie H. Rosen</i> Leslie H. Rosen 305-725-5027 4-2-08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40059429
#N01000003496

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Business Entity Name SAVE-A-STRAY, INC.

FEI Number 31 - 1739683

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 66 NE 89TH ST

(PO Box not acceptable)

Suite, Apt. #, etc.

City, State EL PORTAL

FL

Zip Code & Country 33138

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise your mailing address.

☒ Mailing address same as principal address

Address 66 NE 89TH ST

Suite, Apt. #, etc.

City, State EL PORTAL

FL

Zip Code & Country 33138

Name And Address of Registered Agent

Name (Last, First, Middle, Title) ROSEN, LESLIE H

- OR -

Business to serve as RA

ATTACHMENT

40059429
#N01000003496

Street Address In Florida 66 NE 89TH ST (PO Box not acceptable)
Suite, Apt. #, etc.
City, State EL PORTAL, FL
Zip Code & Country 33138 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title D
Name (Last, First, Middle, Title) ROSEN, LESLIE
- OR -
Entity Name to serve as Officer/Director

Street Address 66 NE 89TH ST
City, State EL PORTAL, FL
Zip Code & Country 33138

Name And Address #2

Title D
Name (Last, First, Middle, Title) ROSEN, DAVID
- OR -
Entity Name to serve as Officer/Director

Street Address 66 NE 89TH ST
City, State EL PORTAL, FL
Zip Code & Country 33138

Name And Address #3

Title D

ATTACHMENT

40059429

#N01000003496

Name (Last, First, Middle, Title)

LORENS ALEXANDRA

- OR -

Entity Name to serve as Officer/Director

Street Address

173 NORTHSORE DR

City, State

MIAMI BEACH FL

Zip Code & Country

33141

Name And Address #4

Title

D

Name (Last, First, Middle, Title)

FERA ANITA

- OR -

Entity Name to serve as Officer/Director

Street Address

75 NE 89TH ST

City, State

EL PORTAL FL

Zip Code & Country

33138

Name And Address #5

Title

D

Name (Last, First, Middle, Title)

SCHOENLANK PHYLLIS

- OR -

Entity Name to serve as Officer/Director

Street Address

21020 NE 25TH COURT

City, State

MIAMI FL

Zip Code & Country

33180

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

ATTACHMENT

40059429

#NA1900003496

Street Address

66 N.E. 89th Street

City, State

El Portal, FL

Zip Code & Country

33138 Dade

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Director

Officer/Director Signature

Leslie H. Rosen

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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