

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006301

FILED
May 07, 2005
Secretary of State

Entity Name: PETA SAFE OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

15390 82ND LANE NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

15390 82ND LANE NORTH
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 71-0900041 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:

BORAGINE, SHARI A
15390 82ND LANE NORTH
LOXAHATCHEE, FL 33470 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: SD () Delete
Name: BORAGINE, BRUCE
Address: 15390 82ND LN. N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VMD () Delete
Name: ROBERT-CARLTEN, COURIC
Address: 12440 SW 10 CT
City-St-Zip: DAVIE, FL 33325

Title: PTDC () Delete
Name: BORAGINO, SHARI ANN
Address: 15390 82ND LN N.
City-St-Zip: LOXAHATCHEE, FL 33470

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARI ANN BORAGINE

SD

05/07/2005

Electronic Signature of Signing Officer or Director

Date