2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2008
Secretary of State

DOCUMENT# N02000009015

Entity Name: A SECOND CHANCE FOR OUR FURRY FRIENDS, INC.

Current Principal Place of Business:

7601 EAST TREASURE DR
9
N BAY VILLAGE, FL 33141

New Principal Place of Business:

Current Mailing Address:

7601 EAST TREASURE DR
9
N BAY VILLAGE, FL 33141

New Mailing Address:

FEI Number: 03-0489671 **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:

MARQUET, BARBARA
7505 W TREASURE DR
N BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

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: MARQUET, BARBARA
Address: 7505 W TREASURE DR
City-St-Zip: N BAY VILLAGE, FL 33141

Title: TD ( ) Delete
Name: LIMA, SOPHIA
Address: 7505 W TREASURE DR
City-St-Zip: N BAY VILLAGE, FL 33141

Title: SD ( ) Delete
Name: CHAPARRO, ANA
Address: 7548 BUCCANEER AVENUE
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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 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: SOPHIA LIMA TD 08/22/2008

Electronic Signature of Signing Officer or Director — Date