

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005210

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: FERAL CAT CONTROL INC.

## Current Principal Place of Business:

16115 SW 117TH AVENUE  
# A16  
MIAMI, FL 33177

## New Principal Place of Business:

## Current Mailing Address:

16115 SW 117TH AVENUE  
# A16  
MIAMI, FL 33177

## New Mailing Address:

FEI Number: 02-0697593      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PORTER, CRAIG S  
11791 SW 190TH TERR RD  
MIAMI, FL 33177      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: PTD ( ) Delete  
Name: PORTER, CRAIG  
Address: 11791 SW 190 TERR RD  
City-St-Zip: MIAMI, FL 33177

Title: DVP ( ) Delete  
Name: DIAZ, ERNESTO  
Address: 5023 SW 147 PLACE  
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete  
Name: CLAYTON, HUBBARD  
Address: 1332 SW 93 PL  
City-St-Zip: MIAMI, FL 33174

Title: S ( ) Delete  
Name: CANO, ELIZABETH  
Address: 20621 SW 124 PLACE  
City-St-Zip: MIAMI, FL 33177

## 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:

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: CRAIG PORTER

DIR

02/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date