

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006307

Entity Name: SHARE-A-PET ORG., INC.

FILED
Apr 02, 2005
Secretary of State

Current Principal Place of Business:

1290 SE 22ND AVE
POMPANO BEACH, FL 33062

New Principal Place of Business:

PO BOX 480107
FT. LAUDERDALE, FL 33308

Current Mailing Address:

1290 SE 22ND AVE
POMPANO BEACH, FL 33062

New Mailing Address:

PO BOX 480107
FORT LAUDERDALE, FL 33308

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

Name and Address of Current Registered Agent:

MAYI, SACHIN
1290 SE 22ND AVE
POMPANO BEACH, FL, FL 33062 US

Name and Address of New Registered Agent:

MAYI, SACHIN
512 BAYSHORE DR.
101
FORT LAUDERDALE, FL 33304 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:

04/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAYI, SACHIN
Address: 1290 SE 22ND AVE
City-St-Zip: POMPAN0 BEACH, FL 33062

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAYI, SACHIN
Address: 512 BAYSHORE DR. #101
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Change (X) Addition
Name: JARA, JOHANN
Address: 503 W. LOWE
City-St-Zip: FAIRFIELD, IA 52556

Title: D () Change (X) Addition
Name: POLAKOW, MARK
Address: 104 OCEAN RD.
City-St-Zip: PORTSMOUTH, NH 03801

Title: D () Change (X) Addition
Name: BEDNAR, NEIL
Address: 44-A SCHOOL ST.
City-St-Zip: BURLINGTON, VA 05401

Title: D () Change (X) Addition
Name: EDENBURG, DIANA
Address: 13491 NW 3RD. ST. #201
City-St-Zip: PEMBROKE PINES, FL 33028

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: SACHIN MAYI

P

04/02/2005

Electronic Signature of Signing Officer or Director

Date