

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006413

FILED
Jan 09, 2012
Secretary of State

Entity Name: PAWS FOR SMILES, INC.

Current Principal Place of Business:

8831 NW 14 STREET
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

8831 NW 14 STREET
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 51-0547296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JANA R
8831 NW 14 STREET
PEMBROKE PINES, FL 33024 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: P
Name: THOMAS, JANA R
Address: 8831 NW 14 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T
Name: THOMAS, JANA R
Address: 8831 NW 14 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D
Name: KISSEL, BONNIE DR.
Address: 8711 SW 26 COURT
City-St-Zip: DAVIE, FL 33328

Title: D
Name: ROSEN, WENDY
Address: 5787 SW 89 WAY
City-St-Zip: COOPER CITY, FL 33328

Title: D
Name: WARREN, ANNE
Address: 2301 LUCAYA LANE M2
City-St-Zip: COCONUT CREEK, FL 33066

Title: D
Name: ROMANELLI, AMI ESQ.
Address: 834 SW 4 STREET
City-St-Zip: BOCA RATON, FL 33486

I hereby 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 all other like empowered.

SIGNATURE: JANA THOMAS

P

01/09/2012

Electronic Signature of Signing Officer or Director

Date