

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010037

FILED
Apr 29, 2009
Secretary of State

Entity Name: PETS IN DISTRESS OF MIAMI, INC.

Current Principal Place of Business:

18491 SW 268TH STREET
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

18491 SW 268TH STREET
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 13-4338264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLASS, BETTY
18491 SW 268TH ST.
HOMESTEAD, FL 33031 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: PLASS, BETTY W
Address: 18491 SW 268TH ST.
City-St-Zip: MIAMI, FL 33031

Title: SD () Delete
Name: CASE, MARGARET
Address: 18491 SW 268TH ST
City-St-Zip: HOMESTEAD, FL 33031

Title: TD () Delete
Name: KYNERD, SANDRA
Address: 18491 SW 268TH STREET
City-St-Zip: HOMESTEAD, FL 33031

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: BETTY PLASS

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date