

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 03, 2008
Secretary of State

DOCUMENT# N05000011546

Entity Name: SOUTH FLORIDA PET RESCUE AND REHABILITATION, INC.**Current Principal Place of Business:**6919 BROWARD BLVD.
183
PLANTATION, FL 33317**New Principal Place of Business:****Current Mailing Address:**6919 BROWARD BLVD.
183
PLANTATION, FL 33317**New Mailing Address:****FEI Number:** 59-3826119**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NARCISSE, STACY
6919 BROWARD BLVD.
183
PLANTATION, FL 33317 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:** PRES () Delete
Name: NARCISSE, STACY
Address: 6919 BROWARD BLVD. 183
City-St-Zip: PLANTATION, FL 33317**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: STACY NARCISSE

PRES

05/03/2008

Electronic Signature of Signing Officer or Director_____
Date