

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007129

FILED
May 01, 2009
Secretary of State

Entity Name: THE SOUTH FLORIDA DAWGS, INC.

Current Principal Place of Business:

411 NE 33RD ST.
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

411 NE 33RD ST.
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 41-2206229 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KING, COBY A
411 NE 33RD ST.
OAKLAND PARK, FL 33334 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KING, COBY
Address: 411 NE 33RD ST.
City-St-Zip: OAKLAND PARK, FL 33334

Title: D () Delete
Name: WATTS, DAVE
Address: 4501 NE 21ST AVE., #115
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete
Name: EDWARDS, SAUNDRA
Address: 411 NE 33RD ST.
City-St-Zip: OAKLAND PARK, FL 33334

Title: D () Delete
Name: FRANCIS, STACY-ANN
Address: 7039 IVY CROSSING LANE
City-St-Zip: BOYNTON BCH, FL 33436

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: COBY A. KING

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date