2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001249

FILED Jan 18, 2009 Secretary of State

Entity Name: SAVE OUR STRAYS/RESCATA LOS GATOS, INC.

Current Pr	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	NDON BLVD				
B-104 KEY BISC <i>A</i>	YNE, FL 3314	49			
Current Mailing Address:			New Mailing Addre	ss:	
1111 CRANDON BLVD					
B-104 KEY BISC <i>A</i>	YNE, FL 331	49			
FEI Number:		FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
		ORATION AGENTS, INC.			
	IDING OAKS E				
	uu ₋ 336123425 ∣	US			
		submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
in the State	of Florida.				
SIGNATURE: Electronic Signature of Registered Agent			4	Data	
				Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name:	PT () KELSO, SUSAN	Delete I	Title: Name:	() Change () Addition	
Address:	1111 CRANDON	N BLVD #B-104	Address:		
City-St-Zip:	KEY BISCAYNE	E, FL 33149	City-St-Zip:		
Title:		Delete	Title:	() Change () Addition	
Name: Address:	RAMOS, MARIT 16753 NW 12TH		Name: Address:		
City-St-Zip:	PEMBROKE PI		City-St-Zip:		
Title:	D ()	Delete	Title:	() Change () Addition	
Name:	DECICCO, PIA		Name:		
Address: City-St-Zip:	750 NE 64TH S' MIAMI, FL 331;	'	Address: City-St-Zip:		
• ,			- '	() () () () ()	
Title: Name:	D () CHOW WATSO	Delete N. CHIA LING	Title: Name:	() Change () Addition	
Address:	110 SE 2ND ST		Address:		
City-St-Zip:	HALLANDALE E	BEACH, FL 33009	City-St-Zip:		
Title:	` '	Delete	Title:	() Change () Addition	
Name:	GEIB, DONNA 16401 SW 293RD STREET		Name:		
Address: City-St-Zip:	HOMESTEAD, F		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: SUSAN KELSO PRES 01/18/2009