

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N07000003615

Entity Name: PAWS 4 YOU RESCUE, INC.

Current Principal Place of Business:

8480 SW 146 ST.
MIAMI, FL 33158

New Principal Place of Business:

Current Mailing Address:

8480 SW 146 ST.
MIAMI, FL 33158

New Mailing Address:

FEI Number: 77-0676135 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:

CARIDAD, CAROL B
8480 SW 146 ST
MIAMI, FL 33158 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 () Delete
Name: CARIDAD, CAROL
Address: 8480 SW 146TH ST.
City-St-Zip: MIAMI, FL 33158

Title: VP () Delete
Name: BALNICKI, GAIL F
Address: 17050 SW 74TH AVE.
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: CARIDAD, RONALD
Address: 8480 S.W. 146 STREET
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: ACKER, SCOTT
Address: 6896 SUNSET DR
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: BALNICKI, GARY J
Address: 17050 SW 74 AVE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: SHAWN, CREWS
Address: 9631 SW 60 AVENUE
City-St-Zip: MIAMI, FL 33143

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:

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: CAROL CARIDAD

Electronic Signature of Signing Officer or Director

PRES

05/05/2008

_____ Date