

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003615

FILED  
Jan 14, 2009  
Secretary of State

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 ( )

**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: RONALD CARIDAD

OFFI

01/14/2009

Electronic Signature of Signing Officer or Director

Date