2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# N07000010686

Entity Name: REHABILITATION EXCLUSIVELY FOR STRAYS TO OBTAIN RESIDENCY EFFECTIVELY, INC.

Current Principal Place of Business:

8226 NORTHWEST 192 TERRACE
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

8226 NORTHWEST 192 TERRACE
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 06-1828266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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: PD ( ) Delete
Name: PUMARIEGA, ROLANDO G
Address: 8226 NORTHWEST 192 TERRACE
City-St-Zip: HIALEAH, FL 33015

Title: VPD ( ) Delete
Name: PUMARIEGA, ROSA T
Address: 8226 NORTHWEST 192 TERRACE
City-St-Zip: HIALEAH, FL 33015

Title: SD ( ) Delete
Name: ACEVEDO, JENNIFER L
Address: 8226 NORTHWEST 192 TERRACE
City-St-Zip: HIALEAH, FL 33015

Title: T ( ) Delete
Name: ACEVEDO, JACQUELINE C
Address: 1885 WEST 56 STREET, APT. 201
City-St-Zip: HIALEAH, FL 33012

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: ROLANDO G. PUMARIEGA PD 03/28/2008

Electronic Signature of Signing Officer or Director — Date