

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009131

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** THE HUMANE FOUNDATION, INC.

**Current Principal Place of Business:**

7500 COLLINS AVENUE  
APT. 16  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

7500 COLLINS AVENUE  
APT. 16  
MIAMI BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 27-1008037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESTOPINAN, MICHEL  
7500 COLLINS AVENUE  
APT. 16  
MIAMI BEACH, FL 33141 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: DP  
Name: ESTOPINAN, MICHEL  
Address: 7500 COLLINS AVENUE. APT. 16  
City-St-Zip: MIAMI BEACH, FL 33141

Title: DV  
Name: BUCK, BARBARA  
Address: 7500 COLLINS AVENUE APT. 16  
City-St-Zip: MIAMI BEACH, FL 33141

Title: DS  
Name: BRASFELD, GAIL  
Address: 7500 COLLINS AVENUE APT. 16  
City-St-Zip: MIAMI BEACH, FL 33141

Title: DT  
Name: FERNANDEZ, FRANK  
Address: 7500 COLLINS AVENUE APT. 16  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby 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 all other like empowered.

SIGNATURE: MICHEL ESTOPINAN

DP

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date