

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16913

FILED
Jan 08, 2008
Secretary of State

Entity Name: GULFSTREAM ROTTWEILER CLUB OF GREATER MIAMI, INC.

Current Principal Place of Business:

C/O GRACE ACOSTA
2950 SW 103 AVE
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

C/O GRACE ACOSTA
2950 SW 103 AVE
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 65-0124108 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RAMIREZ, YOLANDA
18468 NW 24 ST
PEMBROKE PINES, FL 33029 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: VP () Delete
Name: DAVALOS, SILVIA
Address: 11832 SW 123 AVE
City-St-Zip: MIAMI, FL 33186

Title: P () Delete
Name: ACOSTA, GRACE
Address: 2950 SW 103 AVE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: WILTSIE, VICTORIA
Address: 12605 SW 71 AVE
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: YOLANDA, RAMIREZ
Address: 18468 NW 24 ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Delete
Name: ALAYON, GLORIA
Address: 3840 SW 121 AVE.
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: RAMIREZ, GEORGE
Address: 18468 NW 24 ST
City-St-Zip: PEMBROKE PINES, FL 33029

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:

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: GRACE ACOSTA

P

01/08/2008

Electronic Signature of Signing Officer or Director

Date