

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90032 033 ****61.25

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1. Entity Name

BORN FREE PET SHELTER INC.



Principal Place of Business

19015 SW 208 ST
MIAMI FL 33187
US

Mailing Address

PO BOX 823 N/A
KEY BISCAYNE FL 33149
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

31-1467669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABALLI, ALICIA
551 S MASHTA DR
KEY BISCAYNE FL 33149

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ABALLI, ALICIA G
STREET ADDRESS P.O. BOX 823 N/A
CITY- ST- ZIP KEY BISCAYNE FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VP ☐ Delete
NAME WHITE, NANCIE SERPICO
STREET ADDRESS 551 S MASHTA DR
CITY- ST- ZIP KEY BISCAYNE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE T ☒ Delete
NAME INTERIAN, CARLOS M D.M.D.
STREET ADDRESS 9515 S.W. LE JEUNE RD, STE. 201
CITY- ST- ZIP MIAMI FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE T ☐ Delete
NAME RAY, CHRISTINA
STREET ADDRESS 36 N MORRIS AVE
CITY- ST- ZIP FARMINGVILLE NY 11738

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DFR ☐ Delete
NAME MIRALOREN, VICTORIA
STREET ADDRESS 45 OCEAN VIEWS PKWY
CITY- ST- ZIP SOUTHAMPTON NY 11968

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME Elizabeth Trelles
STREET ADDRESS 9731 S.W. 20th St.
CITY- ST- ZIP MIAMI, FL 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alicia G. Aballi*

02/01/08