2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2009
Secretary of State

DOCUMENT# N93000002625

Entity Name: BORN FREE PET SHELTER INC.

Current Principal Place of Business:

19015 SW 208 ST
MIAMI, FL 33187 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 823 N/A
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 31-1467669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ABALLI, ALICIA
551 S MASHTA DR
KEY BISCAYNE, FL 33149 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: D ( ) Delete
Name: ABALLI, ALICIA G
Address: P.O. BOX 823 N/A
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete
Name: WHITE, NANCIE SERPICO
Address: 551 S MASHTA DR
City-St-Zip: KEY BISCAYNE, FL

Title: T ( ) Delete
Name: RAY, CHRISTINA
Address: 36 N MORRIS AVE
City-St-Zip: FARMINGVILLE, NY 11738

Title: DFR ( ) Delete
Name: MIRALOREN, VICTORIA
Address: 45 OCEAN VIEWS PKWY
City-St-Zip: SOUTHAMPTON, NY 11968

Title: T ( ) Delete
Name: RELLES, ELIZABETH T
Address: 9731 S.W 20TH STREET
City-St-Zip: MIAMI, FL 33165

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: ALICIA ABALLI PRES 08/13/2009

Electronic Signature of Signing Officer or Director — Date