

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90136 032 ****61.25

DOCUMENT # N93000004524

1. Entity Name

SAVE OUR STRAY PETS, INC.



Principal Place of Business

19996 NE 5 CT
MIAMI FL 33179
US

Mailing Address

19996 NE 5 CT
MIAMI FL 33179
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0450401

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

GRACE, ELEANOR
19996 NE 5 CT
MIAMI FL 33179

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

ELEANOR GRACE TRUSTEE

Eleanor Grace

4-01-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 GRACE, ELEANOR TRUSTEE
STREET ADDRESS 19996 NE 5 CT
CITY-ST-ZIP MIAMI FL 33179

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

TITLE VD ☐ Delete
NAME GRACE, JAMIE
STREET ADDRESS 7A FREEMAN ST
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☒ Change ☐ Addition
NAME JAMIE GRACE
STREET ADDRESS 19996 NE 5 CT
CITY-ST-ZIP MIAMI, FL 33179

TITLE STD ☐ Delete
NAME LENTINI, RITA TRUSTEE
STREET ADDRESS 14075 W. DXIE HWY
CITY-ST-ZIP NORTH MIAMI FL

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

TITLE D ☐ Delete
NAME GRACE, JEFFREY
STREET ADDRESS 1123 NE 210 TERR
CITY-ST-ZIP MIAMI FL 33179

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

TITLE D ☐ Delete
NAME SACRAE, PHYLLIS
STREET ADDRESS 9800 BAY HARBOR DRIVE
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

Eleanor Grace ELEANOR GRACE

4-01-05

305-493-0063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #