

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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, 2007**

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

TITLE: D ☐ Delete  
NAME: GRACE, ELEANOR TRUSTEE  
STREET ADDRESS: 19996 NE 5 CT  
CITY-STATE-ZIP: MIAMI FL 33179

TITLE: VD ☐ Delete  
NAME: GRACE, JAMIE  
STREET ADDRESS: 19996 NE 5 CT  
CITY-STATE-ZIP: MIAMI FL 33179

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

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

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

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:  
STREET ADDRESS:  
CITY-STATE-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:

*Eleanor K Grace* ELEANOR K GRACE, Pres. 3-15-07