

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

FILED
Feb 01, 2008 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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0450401	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRACE, ELEANOR 19996 NE 5 CT MIAMI FL 33179				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature must be filed with this return) 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 NAME STREET ADDRESS CITY-ST-ZIP	D GRACE, ELEANOR TRUSTEE 19996 NE 5 CT MIAMI FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000812287 02/12/08-80040-011 70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRACE, JAMIE 19996 NE CT MIAMI FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LENTINI, RITA TRUSTEE 14075 W. DXIE HWY NORTH MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRACE, JEFFREY 1123 NE 210 TERR MIAMI FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACRAE, PHYLLIS 9800 BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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** 1/29/08 20:49:06/3