2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N93000004524

Entity Name: SAVE OUR STRAY PETS, INC.

Current Principal Place of Business:

19996 NE 5 CT
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

19996 NE 5 CT
MIAMI, FL 33179 US

New Mailing Address:

FEI Number: 65-0450401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRACE, ELEANOR
19996 NE 5 CT
MIAMI, FL 33179 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: GRACE, ELEANOR TRUSTEE
Address: 19996 NE 5 CT
City-St-Zip: MIAMI, FL 33179

Title: VD ( ) Delete
Name: GRACE, JAMIE
Address: 19996 NE CT
City-St-Zip: MIAMI, FL 33179

Title: STD ( ) Delete
Name: LENTINI, RITA TRUSTEE
Address: 14075 W. DXIE HWY
City-St-Zip: NORTH MIAMI, FL

Title: D ( ) Delete
Name: GRACE, JEFFREY
Address: 1123 NE 210 TERR
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Delete
Name: SACRAE, PHYLLIS
Address: 9800 BAY HARBOR DRIVE
City-St-Zip: BAY HARBOR ISLAND, FL 33154

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: ELEANOR GRACE OF 01/07/2009

Electronic Signature of Signing Officer or Director — Date