

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90039 011 ****61.25

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01232008 Chg-NP CR2E037 (12/06)

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| DOCUMENT # N94000003501 | |  | |
| 1. Entity Name SOBE SPAY & NEUTER, CORPORATION | | | |
| Principal Place of Business 1605 EUCLID AVENUE NO. 1 MIAMI BEACH, FL 33139 | | Mailing Address 1602 ALTON ROAD PMB 122 MIAMI BEACH, FL 33139 | |
| 2. Principal Place of Business - No P.O. Box # 5700 COLLINS AVE | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State MIAMI BEACH FL | | City & State | |
| Zip 33140 | Country USA | Zip | Country |
| 4. FEI Number 65-0506537 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARRON, IRMA M 1605 EUCLID AVENUE NO. 1 MIAMI BEACH, FL 33139 | | 7. Name and Address of New Registered Agent Name BARRON, IRMA M Street Address (P.O. Box Number is Not Acceptable) 5700 COLLINS AVE City MIAMI BEACH FL Zip Code 33140 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD BARRON, IRMA M 1605 EUCLID AVENUE #1 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BARRON, IRMA M 5700 COLLINS AVE MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FLEMING, SUSAN A 1605 EUCLID AVENUE NO. 1 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FLEMING, SUSAN A 5700 COLLINS AVE MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD PASCUL, SUSAN H 1605 EUCLID AVENUE NO. 1 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD BARRON, IRMA C. 5700 COLLINS AVE MIAMI BEACH FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: IRMA M BARRON | | Date: 1-23-08 Daytime Phone #: 305 606 5083 | |