2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State

									ulv	UI 1214	110	
DOCUMENT # N9400006297 1. Entity Name NATIONAL SAVE-A-PET, INC.							04-28-2005 90210 037 ****61.25					
	Principal Place 11648 SUNS WEST PALM I		1128 407	g Address ROYAL PALM BEAC PALM BEACH, FL 3		5					T 1 1 1 1 1 1 1 1 1 1	
		lace of Business 5. UCEAN BIVO		ing Address O. Box 2	444				15 15 11			
	Suite, Apt.	#, etc.	Sui	te, Apt. #, etc.			04152005 C	hg-NP	CR2E	037 (10/03)		
	City & State	BEACH, FL		y & State ムン <i>公さみて</i>	H, FL		4. FEI Number 65-057260)4		J	optied For ot Applicable	
	3348	O Country U.S.A	3 3		Country 1. 5: A		5. Certificate of S	tatus Desire	= 🗆	\$8.75 Add	ditional	
ľ		6. Name and Address of Current F	Registere			•	7. Name and Add	lress of Nev	v Registere	d Agent		
ľ	SHAPERO	, BERTRAM	-		Name					-	•	
		NSET BLVD LM BEACH, FL 33411			Street Ac	ddress (f	P.O. Box Number is	Not Accepta	ible)			
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					City				F	L Zip Cod	e	
ľ		named entity submits this statement for ions of registered agent.	the purp	ose of changing its re	gistered office or	register	ed agent, or both, in	the State of	Florida. I a	m familiar with,	and accept	
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	SIGNATURE .	Signature, typed or printed name of registered egent at	nd title if ann	licable (NOTE: R	iadistered Agent signatu	Ite required	when reinstation)		DATE			
	SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if app	licable. {NOTE: R	legistered Ageni signatu	re required	when reinstating)		DATE			
	SIGNATURE .	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2005	nd title if app	9. Election Camp	aign Financing	ure required	when reinstating) \$5.00 May Be Added to Fees	F	Make che	eck payable t		
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M/25/05

(861) 8200806

Dete

Daytime Phone #