


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90010 033 \*\*\*\*61.25

<b>DOCUMENT # N98000004609</b> 1. Entity Name <b>PARTNERS FOR PETS OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>315 NE 110 STREET MIAMI, FL 33161 US</b>				Mailing Address <b>315 NE 110 STREET MIAMI, FL 33161 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>850 Ives Dairy Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># 714</b>		03022007 Chg-NP CR2E037 (12/06)	
City & State		City & State <b>Miami, Florida</b>		4. FEI Number <b>65-0857565</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33179</b>		Country <b>US</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD INGRAM, PHYLLIS 315 NE 110 STREET MIAMI, FL 33161</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD ELLIS, CONNIE 315 NE 110ST. MIAMI, FL 33161</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FOTOS, DIANE 1179 NE 111 STREET MIAMI, FL 33161</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <i>Phyllis Ingram</i>		3/2/07		954 740 3492	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	