

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009213

Entity Name: PAWS 4 ALL THERAPY, INC.

Current Principal Place of Business:

6610 NE 20TH TERR.
FT. LAUDERDALE, FL 33308

Current Mailing Address:

6610 NE 20TH TERR.
FT. LAUDERDALE, FL 33308

FEI Number: 26-1098541

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132 US

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

Officer/Director Detail :

Title D
Name MUNTZ, SUSAN M
Address 6610 NE 20TH TERR.
City-State-Zip: FT. LAUDERDALE FL 33308

Title D
Name MUNTZ, BRUCE W
Address 6610 NE 20TH TERR.
City-State-Zip: FT. LAUDERDALE FL 33308

Title D
Name JONES, SANDRA J
Address 2411 GARFIELD ST.
City-State-Zip: HOLLYWOOD FL 33020

Title D
Name SKELLY, PHYLLIS
Address 6600 NE 20 TERRACE
City-State-Zip: FORT LAUDERDALE FL 33308

I hereby 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 all other like empowered.

SIGNATURE: SUSAN M MUNTZ

DIRECTOR

04/03/2017

Electronic Signature of Signing Officer/Director Detail

Date