

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90029 001 \*\*\*\*70.00

**DOCUMENT # N02000005767**

1. Entity Name  
**GULFSTREAM GUARDIAN ANGEL ROTTWEILER RESCUE, INC.**

Principal Place of Business: 2950 SW 103 AVENUE MIAMI FL 33165  
 Mailing Address: 2950 SW 103 AVENUE MIAMI FL 33165

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



MOORE CR2E037 (11/03)

4. FEI Number: **54-2072863** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ACOSTA, GRACE**  
**2950 SW 103 AVENUE**  
**MIAMI FL 33165**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution:  **\$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: PD NAME: ACOSTA, GRACE STREET ADDRESS: 2950 SW 103 AVENUE CITY-ST-ZIP: MIAMI FL 33165	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: ZEAK, MARIE STREET ADDRESS: 400 MAC ARTHUR CIRCLE CITY-ST-ZIP: COCOA FL 32927	<input checked="" type="checkbox"/> Delete	TITLE: <del>Director</del> NAME: Palena Dorsey STREET ADDRESS: 1101 S. Andrews Ave CITY-ST-ZIP: Ft Laud. FL 33316	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: BOONE, CELIA T STREET ADDRESS: POST OFFICE BOX 1181 CITY-ST-ZIP: ABILENE TX 79604	<input checked="" type="checkbox"/> Delete	TITLE: Sect NAME: Virginia -- Griliam STREET ADDRESS: 270 NW 165 St CITY-ST-ZIP: North Miami Beach 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: CRESPO, CATHERINE STREET ADDRESS: 7870 NW 5 PLACE CITY-ST-ZIP: PLANTATION FL 33324	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DYAR, JANE STREET ADDRESS: 2731 SW 17 STREET CITY-ST-ZIP: FORT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete	TITLE: Vice Director (Pres) NAME: Yolanda Ramirez STREET ADDRESS: 18468 NW 24 St CITY-ST-ZIP: Pembroke Pines FL 33024	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FENNEL, SUSAN STREET ADDRESS: 7166-1 18 ST. CITY-ST-ZIP: SEMINOLE FL 33772	<input checked="" type="checkbox"/> Delete	TITLE: Director NAME: Marlen Valle STREET ADDRESS: 16924 SW 109 Ct CITY-ST-ZIP: Miami, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:** *Catherine Crespo* **1-23-04 954-463-6363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #