

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005767

FILED
Mar 23, 2005
Secretary of State

Entity Name: GULFSTREAM GUARDIAN ANGEL ROTTWEILER RESCUE, INC.

Current Principal Place of Business:

2950 SW 103 AVENUE
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

2950 SW 103 AVENUE
MIAMI, FL 33165

New Mailing Address:

FEI Number: 54-2072863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ACOSTA, GRACE
2950 SW 103 AVENUE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ACOSTA, GRACE
Address: 2950 SW 103 AVENUE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: DORSEY, PALERIA
Address: 1101 S ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: S () Delete
Name: GRILLIAM, VIRGINIA
Address: 270 NW 165 ST.
City-St-Zip: NORTH MIAMI BEACH, FL 32082

Title: TD () Delete
Name: CRESPO, CATHERINE
Address: 7870 NW 5 PLACE
City-St-Zip: PLANTATION, FL 33324

Title: VD () Delete
Name: RAMIREZ, YOLANDA
Address: 18468 NW 24 ST.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: VALLE, MARLEN
Address: 16924 SW 109 CT.
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GLORIA, ALAYON
Address: 3840 SW 121 AVE
City-St-Zip: MIAMI, FL 33175

Title: S (X) Change () Addition
Name: GILLIAM, VIRGINIA
Address: 270 NE 165 ST.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD (X) Change () Addition
Name: CRESPO, CATHERINE
Address: 1101 S ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VD (X) Change () Addition
Name: RAMIREZ, YOLANDA
Address: 18468 NW 24 ST.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CATHERINE CRESPO

TD

03/23/2005

Electronic Signature of Signing Officer or Director

_____ Date