

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N02000005767

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:

1101 S ANDREWS AVE
FORT LAUDERDALE, FL 33316

Current Mailing Address:

2950 SW 103 AVENUE
MIAMI, FL 33165

New Mailing Address:

1101 S ANDREWS AVE
FORT LAUDERDALE, FL 33316

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CRESPO, CATHERINE
1101 S ANDREWS AVE
FORT LAUDERDALE, FL 33316 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: CATHERINE CRESPO 04/27/2006
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: GLORIA, ALAYON
Address: 3840 SW 121 AVE
City-St-Zip: MIAMI, FL 33175

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

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

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

Title: D (X) 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: TD (X) Change () Addition
Name: CATHERINE, CRESPO
Address: 7870 NW 5TH PLACE
City-St-Zip: PLANTATION, FL 33324

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

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

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

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 Chapter 119, 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 04/27/2006
Electronic Signature of Signing Officer or Director Date