

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005767

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: GULFSTREAM GUARDIAN ANGEL ROTTWEILER RESCUE, INC.

**Current Principal Place of Business:**

2950 S.W. 103 AVE.  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

2950 S.W. 103 AVE.  
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 S.W. 103 AVE.  
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: S ( ) Delete  
Name: DURBIN, MARIHOPE  
Address: 14217 BLACKBERRY DR  
City-St-Zip: WELLINGTON, FL 33414

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

Title: D ( ) Delete  
Name: GARVIE, JAMES  
Address: 3076 ZAHARIAS DRIVE  
City-St-Zip: ORLANDO, FL 32837

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (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 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: GRACE ACOSTA

P

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date