2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 762433

1. Entity Name
PET RESCUE, INC.

Principal Place of Business	Mailing Address
PET RESCUE INC. 3440 N.W. 191 STREET MIAMI, FL 33056 US	PET RESCUE INC. 3440 N.W. 191 STREET MIAMI, FL 33056 US

01182008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2167020 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ, RICHARD ESQ
8100 OAK LANE
SUITE 305
MIAMI, FL 33137

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

Filing Fee Is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	GOMEZ, ROLAND
STREET ADDRESS	4300 BISCAYNE BLVD., STE 305
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	T
NAME	DEPRIEST, LISA
STREET ADDRESS	120 NW 156 ST
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	SD
NAME	GOMEZ, RICHARD
STREET ADDRESS	4300 BISCAYNE BLVD., STE 305
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	PE
NAME	MULLOY, GARDNAR
STREET ADDRESS	800 NW 9TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	PD
NAME	WASCONIS, KATHERINE
STREET ADDRESS	1636 MCKINLEY STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/08-80060-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lisa DePriest — Lisa DePriest — 1-22-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #