2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# 762433

Entity Name: PET RESCUE, INC.

Current Principal Place of Business:

PET RESCUE INC.
3440 N.W. 191 STREET
MIAMI, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

PET RESCUE INC.
3440 N.W. 191 STREET
MIAMI, FL 33056 US

New Mailing Address:

FEI Number: 59-2167020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, RICHARD ESQ
8100 OAK LANE
SUITE 305
MIAMI, FL 33137 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:	VP	( ) Delete
Name:	GOMEZ, ROLAND	
Address:	4300 BISCAYNE BLVD., STE 305	
City-St-Zip:	MIAMI, FL 33137	
Title:	T	( ) Delete
Name:	DEPRIEST, LISA	
Address:	120 NW 156 ST	
City-St-Zip:	MIAMI, FL 33169	
Title:	SD	( ) Delete
Name:	GOMEZ, RICHARD	
Address:	4300 BISCAYNE BLVD., STE 305	
City-St-Zip:	MIAMI, FL 33137	
Title:	PE	( ) Delete
Name:	MULLOY, GARDNAR	
Address:	800 NW 9TH AVENUE	
City-St-Zip:	MIAMI, FL 33136	
Title:	PD	( ) Delete
Name:	WASCONIS, KATHERINE	
Address:	1636 MCKINLEY STREET	
City-St-Zip:	HOLLYWOOD, FL 33020	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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: LISA DEPRIEST TREA 01/30/2009

Electronic Signature of Signing Officer or Director — Date