

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90087 003 \*\*\*\*61.25

**DOCUMENT # N01000002324**

1. Entity Name

**FRIENDS FOREVER RESCUE, INC.**



Principal Place of Business

**11935 SW 102 AVENUE  
MIAMI FL 33176**

Mailing Address

**PO BOX 163455  
MIAMI FL 33116-3455**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**65-1112741**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHESS, DOROTHY  
11935 SW 102 AVE.  
33176  
MIAMI FL 33173**

Name **DOROTHY CHESS**

Street Address (P.O. Box Number is Not Acceptable)  
**16000 S.W. 91 COURT**

**MIAMI**

City **MIAMI**

**FL**

Zip Code **33157**

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

*Dorothy Chess*

(Signature, typed or printed name of registered agent and date, if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **PD  
CHESS, DOROTHY** ☐ Delete  
STREET ADDRESS **11935 SW 102 AVE**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **VPD  
MOSS, BARBARA** ☐ Delete  
STREET ADDRESS **8971 SW 182 TERR**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **S  
WEINGARDEN, MARSHA** ☐ Delete  
STREET ADDRESS **9860 SW 182 TERR.**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **TD  
LEVENTHAI, RENA** ☐ Delete  
STREET ADDRESS **6801 SW 147 AVE #2C**  
CITY-ST-ZIP **MIAMI FL 33193**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Dorothy Chess* *Dorothy Chess* 2/17/06 786-2299002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Florida Phone #