

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000005997

1. Entity Name
PETS IN DISTRESS OF MIAMI-DADE INC.



Principal Place of Business
18491 SW 268TH STREET
HOMESTEAD, FL 33031-2235

Mailing Address
PO BOX 770847
MIAMI, FL 33177-0015



01152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1107015

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUFIN, LUISA
15421 SW 170 TERR
MIAMI, FL 33187

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IN THIS SPACE**

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, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUFIN, LUISA
STREET ADDRESS	15421 SW 170 TERR
CITY- ST- ZIP	MIAMI, FL 33187
TITLE	D
NAME	PLASS, BETTY W
STREET ADDRESS	10875 SW 84 AVE
CITY- ST- ZIP	MIAMI, FL 33156
TITLE	D
NAME	RUFIN, MERCEDES
STREET ADDRESS	2496 SW 17 AVE #5303
CITY- ST- ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/20/04-80031-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year

1/15/04 12:23:45 36