

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000005997

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -10 PM 4:53

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

Mailing Address
~~PO BOX 770847~~ P.O. Box 343884
MIAMI, FL 33177-0015 Florida City
FL- 33034

2. Principal Place of Business

3. Mailing Address
18491 SW 268 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

Country

33031

USA



8/31/04 90002 045 61.25
08172004 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent

Name: Betty Plass
Street Address (P.O. Box Number is Not acceptable): 18491 SW 268 Street
City: Homestead FL Zip Code: 33031

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: Betty Plass DATE: 9/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUFIN, LUISA	
STREET ADDRESS	15421 SW 170 TERR	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLASS, BETTY W	
STREET ADDRESS	10975 SW 84 AVE	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUFIN, MERCEDES	
STREET ADDRESS	2496 SW 17 AVE #5303	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	0 Betty W. Plass	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18491 SW 268 ST	Change
STREET ADDRESS	Homestead FL 33031	Address
CITY-ST-ZIP		
TITLE	1) Jane Dacks	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8265 S.W. 140 Ave.	
STREET ADDRESS	Miami FL 33183	
CITY-ST-ZIP		
TITLE	1) Solangee Santos	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6110 SW 20 ST	
STREET ADDRESS	Miami, FL 33155	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Betty Plass DATE: 9/22/04 (205) 248-8977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #