

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006006

1. Entity Name

CHIHUAHUA - TOY BREED RESCUE AND RETIREMENT, INC.



Principal Place of Business

PO BOX 245906
PEMBROKE PINES FL 33024
US

Mailing Address

PO BOX 245906
PEMBROKE PINES FL 33024
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1136239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE POMPA, MARY
7111 SW 9TH ST.
PEMBROKE PINES FL 33023

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

M. DePompa

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 PD
NAME DE POMPA, NICHOLAS L ☐ Delete
STREET ADDRESS 7111 SW 9TH ST.
CITY- ST- ZIP PEMBROKE PINES FL 33023

TITLE VD
NAME CARTER, SUSIE ☐ Delete
STREET ADDRESS 1031 GREENBOW LANE
CITY- ST- ZIP WAKE FOREST NC 27587

TITLE SD
NAME POMPA, MARY D ☐ Delete
STREET ADDRESS 7111 SW 9TH ST.
CITY- ST- ZIP PEMBROKE PINES FL 33023

TITLE TD
NAME LYNCH, SHARON ☐ Delete
STREET ADDRESS 3224 EASTSHORE DR.
CITY- ST- ZIP BAY CITY MI 48706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000063748
CITY- ST- ZIP 02/23/04-80170-016 61.25

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

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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:

M. DePompa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR