

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006006

FILED
Mar 08, 2005
Secretary of State

Entity Name: CHIHUAHUA - TOY BREED RESCUE AND RETIREMENT, INC.

Current Principal Place of Business:

PO BOX 245906
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 245906
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 65-1136239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DE POMPA, MARY
PO BOX 245906
PEMBROKE PINES, FL 33024 US

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: MARY DE POMPA

03/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE POMPA, NICHOLAS L
Address: 7111 SW 9TH ST.
City-St-Zip: PEMBROKE PINES, FL 33023

Title: VD () Delete
Name: CARTER, SUSIE
Address: 1031 GREENBOW LANE
City-St-Zip: WAKE FOREST, NC 27587

Title: SD () Delete
Name: POMPA, MARY D
Address: 7111 SW 9TH ST.
City-St-Zip: PEMBROKE PINES, FL 33023

Title: TD () Delete
Name: LYNCH, SHARON
Address: 3224 EASTSHORE DR.
City-St-Zip: BAY CITY, MI 48706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DE POMPA, NICHOLAS L
Address: 6145 COUNTY ROAD 28
City-St-Zip: LAFAYETTE, AL 36862

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: POMPA, MARY D
Address: 6145 COUNTY ROAD 28
City-St-Zip: LAFAYETTE, AL 36862

Title: TD (X) Change () Addition
Name: DE POMPA, SERENA
Address: 6145 COUNTY ROAD 28
City-St-Zip: LAFAYETTE, AL 36862

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NICHOLAS DE POMPA

PD

03/08/2005

Electronic Signature of Signing Officer or Director

Date