


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N0100006006


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



Principal Place of Business Mailing Address

PO BOX 245906 **PO BOX 245906**
PEMBROKE PINES, FL 33024 US **PEMBROKE PINES, FL 33024 US**

DO NOT WRITE IN THIS SPACE



03142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1136239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE POMPA, NICHOLAS L 6145 COUNTY ROAD 28 LAFAYETTE, AL 36862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARTER, SUSIE 1031 GREENBOW LANE WAKE FOREST, NC 27587
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POMPA, MARY D 6145 COUNTY ROAD 28 LAFAYETTE, AL 36862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE POMPA, SERENA 6145 COUNTY ROAD 28 LAFAYETTE, AL 36862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000671384
 03/28/07-80027-001 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Nicholas DePompa Nicholas DePompa 3/15/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #