


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000006006</b> 1. Entry Name <b>CHIHUAHUA - TOY BREED RESCUE AND RETIREMENT, INC.</b>	
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Principal Place of Business <b>PO BOX 245906</b> <b>PEMBROKE PINES, FL 33024 US</b>	Mailing Address <b>PO BOX 245906</b> <b>PEMBROKE PINES, FL 33024 US</b>
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01222008 No Chg-NP CR2E037 (4/06)

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

<b>6. Name and Address of Current Registered Agent</b>  DE POMPA, MARY PO BOX 245906 PEMBROKE PINES, FL 33024
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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, 2008**

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

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

U00000798310  
01/30/08-80022-025 61.25

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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: *[Signature]* 1/22/08 3348647665

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