

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006006

FILED
Feb 11, 2009
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:

POSTOFFICE BOX # 245906
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

PO BOX 245906
PEMBROKE PINES, FL 33024 US

New Mailing Address:

6145 CR 28
LAFAYETTE, AL 36832 US

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
PO BOX 245906
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

DE POMPA, MARY
POSTOFFICE 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:

02/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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: 6145 COUNTY ROAD 28
City-St-Zip: LAFAYETTE, AL 36862

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARY DEPOMPA

SD

02/11/2009

Electronic Signature of Signing Officer or Director

Date