

# 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