

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90142 033 ****70.00

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DOCUMENT # NO1000006006

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



Principal Place of Business
**7111 SW 9TH ST.
PEMBROKE PINES FL 33023**

Mailing Address
**7111 SW 9TH ST.
PEMBROKE PINES FL 33023**

2. Principal Place of Business
P.O. Box 245906

3. Mailing Address
P.O. Box 245906

Suite, Apt. #, etc.
Pembroke Pines, FL

Suite, Apt. #, etc.
Pembroke Pines, FL

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL



CHECK HERE IF MAKING CHANGES

Zip
33024

Country
USA

Zip
33024

Country
USA

4. FEI Number **65-1136239**

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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] **NO CHANGES** **3-6-03**

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE POMPA, NICHOLAS L	
STREET ADDRESS	7111 SW 9TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARTER, SUSIE	
STREET ADDRESS	1031 GREENBOW LANE	
CITY-ST-ZIP	WAKE FOREST NC 27587	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POMPA, MARY D	
STREET ADDRESS	7111 SW 9TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LYNCH, SHARON	
STREET ADDRESS	3224 EASTSHORE DR.	
CITY-ST-ZIP	BAY CITY MI 48706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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]* **3-6-03 954-989-9760**

REQUIRE

CR2E037 (10/02)