2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006233

Entity Name: COMPASSIONATE PUG RESCUE, INC.

FILED May 31, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
14921 WINI DAVIE, FL	DBLUFF STRE 33331	ET				
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
14921 WIN DAVIE, FL	DBLUFF STRE 33331	ET				
FEI Number:	65-1136714	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MASON, STEVEN A ESQ. 3363 SHERIDAN STREET SUITE 201 HOLLYWOOD, FL 33021			14921 WIŃ	HORTON, KELLY PRES 14921 WINDBLUFF STREET DAVIE, FL 33331 US		
The above in the State		ubmits this statement for the pu	rpose of changing it	ts registered offi	ce or registered agent, or both,	
SIGNATUR	E: KELLY HO	RTON		05/31/2002		
Electronic Signature of Registered Agent			t		Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES T	O OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete HORTON, KELLY 14921 WINDBLUFF STREET DAVIE, FL 33331		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V ()[MASON, DALE 2520 S.W. 55TH FT. LAUDERDAL		Title: Name: Address: City-St-Zip:	V (X) C SHAPIRO, MARC 20629 N.E. 7TH C NORTH MIAMI BE	COURT	
Title: Name: Address: City-St-Zip:	D () E SHAPIRO, MARO 20629 N.E. 7TH O NORTH MIAMI BI	COURT	Title: Name: Address: City-St-Zip:	D (X) C MERRITT, TONI 506 63RD AVENU VERO BEACH, FL		
Title: Name: Address: City-St-Zip:	D ()[MERRITT, TONI 9470-C S.W. 61 BOCA RATON, F		Title: Name: Address: City-St-Zip:	D (X) C MASON, DALE 2520 S.W. 55TH FT. LAUDERDALE		
Title: Name: Address: City-St-Zip:	D () E ABREU, MARCIA 490 W. 35TH PL HIALEAH, FL 33	ACE	Title: Name: Address: City-St-Zip:	()0	hange()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KELLY HORTON PRES 05/31/2002