

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006233

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: COMPASSIONATE PUG RESCUE, INC.

## Current Principal Place of Business:

20629 NE 7TH CT  
MIAMI, FL 33179

## New Principal Place of Business:

## Current Mailing Address:

20629 NE 7TH CT  
MIAMI, FL 33179

## New Mailing Address:

FEI Number: 65-1136714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAPIRO, MARCIA  
20629 NE 70 CT  
MIAMI, FL 33179 US

## Name and Address of New Registered Agent:

SHAPIRO, MARCIA  
20629 NE 7TH CT  
MIAMI, FL 33179 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:

04/06/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GAVIRIA, NICOLE  
Address: 542 WEST 30TH ST  
City-St-Zip: MIAMI BEACH, FL 33140

Title: PD ( ) Delete  
Name: SHAPIRO, MARCIA  
Address: 20629 NE 7TH CT  
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Delete  
Name: SANISLO, CAROLYN  
Address: 4163 FRANCES DR  
City-St-Zip: DELRAY BEACH, FL 33445

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: DALTON, BILL  
Address: 2518 LEE STREET  
City-St-Zip: HOLLYWOOD, FL 33020

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: MARCIA SHAPIRO

PD

04/06/2005

Electronic Signature of Signing Officer or Director

Date