## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006233

FILED Apr 22, 2006 Secretary of State

Entity Name: COMPASSIONATE PUG RESCUE, INC. **Current Principal Place of Business: New Principal Place of Business:** 20629 NE 7TH CT MIAMI, FL 33179 **Current Mailing Address: New Mailing Address:** 20629 NE 7TH CT MIAMI, FL 33179 FEI Number: 65-1136714 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHAPIRO, MARCIA 20629 NE 7TH CT MIAMI, FL 33179 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete GAVIRIA, NICOLE ABREU, MARCIA Name: Name: Address: 542 WEST 30TH ST Address: 490 W 35 PLACE City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: HIALEAH, FL 33012 Title: PD () Delete Title: () Change () Addition Name: SHAPIRO, MARCIA Name: Address: 20629 NE 7TH CT Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: Title: () Delete Title: () Change () Addition DALTON, BILL Name: Name: Address: 2518 LEE STREET Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARCIA SHAPIRO PD 04/22/2006