

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006233

FILED  
Apr 28, 2008  
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 (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Title: D ( ) Delete  
Name: ABREU, MARCIA  
Address: 490 W 35 PLACE  
City-St-Zip: HIALEAH, FL 33012

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

Title: D ( ) Delete  
Name: DALTON, BILL  
Address: 1355 SOUTH FIELDLARK LANE  
City-St-Zip: HOMESTEAD, FL 33035

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: STERN, RACHEL  
Address: 4848 NW 58TH MANOR  
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD (X) Change ( ) Addition  
Name: ESSER, MELANIE  
Address: 3441 NE 13TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Change (X) Addition  
Name: CARR, JOHN  
Address: 2851 NW 107TH TER.  
City-St-Zip: SUNRISE, FL 33322

Title: D ( ) Change (X) Addition  
Name: RORER, MERYL  
Address: 20701 GROVELINE COURT  
City-St-Zip: ESTERO, FL 33928

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: MARCIA SHAPIRO

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date