

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 20, 2008
Secretary of State

DOCUMENT# N01000006233

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: ABREU, MARCIA
Address: 490 W. 35TH PL
City-St-Zip: HIALEAH, FL 33012

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

P

05/20/2008

Electronic Signature of Signing Officer or Director

Date