


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90387 028 ****70.00

DOCUMENT # N02000003278

1. Entity Name
ANIMAL LOVERS HELP & RESCUE MISSION, INC.



Principal Place of Business
~~37801 S.W. 209 AVE.~~
~~FLORIDA CITY, FL 33034~~

Mailing Address
P.O. BOX 343756
FLORIDA CITY, FL 33034

2. Principal Place of Business
8100 S.W. 125T

Suite, Apt. #, etc.
MIAMI

City & State
FLA

3. Mailing Address
8100 S.W. 125T

Suite, Apt. #, etc.
MIAMI

City & State
FLA

Zip
33144

Country
U.S.A.

4. FEI Number
74-3044121

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



04152006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

RODRIGUEZ, RAPHAEL A
~~37801 S.W. 209 AVE.~~
FLORIDA CITY, FL 33034

7. Name and Address of New Registered Agent

Name _____

-Street Address (P.O.-Box Number is Not Acceptable)- _____

City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, RAPHAEL A 8100 S.W. 12TH STREET MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENATE, MARTA 3511 S.W. 25TH STREET MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMAS, MARCUS 8101 SW 24TH PLACE MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: * *Raphael Rodriguez* **RAPHAEL RODRIGUEZ - PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #