

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005767

FILED
Apr 27, 2009
Secretary of State

Entity Name: GULFSTREAM GUARDIAN ANGEL ROTTWEILER RESCUE, INC.

Current Principal Place of Business:

2950 S.W. 103 AVE.
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

2950 S.W. 103 AVE.
MIAMI, FL 33165

New Mailing Address:

FEI Number: 54-2072863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ACOSTA, GRACE
2950 S.W. 103 AVE.
MIAMI, FL 33165 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: ACOSTA, GRACE
Address: 2950 SW 103 AVENUE
City-St-Zip: MIAMI, FL 33165

Title: S () Delete
Name: DURBIN, MARIHOPE
Address: 14217 BLACKBERRY DR
City-St-Zip: WELLINGTON, FL 33414

Title: VD () Delete
Name: RAMIREZ, YOLANDA
Address: 18468 NW 24 ST.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: GARVIE, JAMES
Address: 3076 ZAHARIAS DRIVE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: RAMIREZ, YOLANDA
Address: 18468 NW 24 ST.
City-St-Zip: PEMBROKE PINES, FL 33029

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

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: GRACE ACOSTA

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date