

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # N02000008726

1. Entity Name
PURRFECT PAWS HUMANE SOCIETY, INC.



Principal Place of Business
**3600 MYSTIC POINTE DRIVE
#715
AVENTURA, FL 33180 US**

Mailing Address
**3600 MYSTIC POINTE DRIVE
#715
AVENTURA, FL 33180 US**



01272005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

55-0806552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DEATHERAGE, DESIREE
3600 MYSTIC POINTE DRIVE
#715
AVENTURA, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000207782
02/01/05-80058-021 61.25**

10. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	KASCZINSKI, JEAN
STREET ADDRESS	1666 N.E. 180TH STREET
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162
TITLE	D
NAME	LINDEN, SUZANNE
STREET ADDRESS	9460 NW 39TH COURT
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	DPT
NAME	DEATHERAGE, DESIREE
STREET ADDRESS	3600 MYSTIC POINTE DRIVE #715
CITY-ST-ZIP	AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #