

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 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

**DO NOT WRITE IN THIS SPACE**



02142006 No Chg-NP

CRZE037 (11/05)

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**

7. 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

*Desiree Deatherage*

Signature, type or printed name of registered agent and not if applicable

(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

10.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVPS  
KASCZINSKI, JEAN  
1666 N.E. 180TH STREET  
N. MIAMI BEACH, FL 33162

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
LINDEN, SUZANNE  
9460 NW 39TH COURT  
CORAL SPRINGS, FL 33065

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000000500900  
04/25/06-80040-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Desiree Deatherage*

3/10/06

(305)

933-0245

(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #