

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 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**



01122008 No Chg-NP CR2E037 (4/06)

**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, 2008**

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

**000000783863**  
**01/16/08-80031-016 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	DVPS
NAME	MARYLIN, DEATHERAGE
STREET ADDRESS	3600 MYSTIC POINTE #715
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	DEATHERAGE, DANIEL
STREET ADDRESS	3600 MYSTIC POINTE #715
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	DPT
NAME	DEATHERAGE, DESIREE
STREET ADDRESS	3600 MYSTIC POINTE DRIVE #715
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Desiree Deatherage* 1/12/08 (754) 273-0735