FROM (MON) JUN 21 2004

FILED
Sep 09, 2004 8:00 am
Secretary of State
04-26-2004 91015 035 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000005529

1. Entity Name

DOG BAR RESCUE, INC.

66433303

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
723 NORTH LINCOLN LANE MIAMI BEACH FL 33139	723 NORTH LINCOLN LANE MIAMI BEACH FL 33139

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 05-0607960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: Michele Cohen
Street Address (P.O. Box Number is Not Acceptable): 723 North Lincoln Lane
City: Miami Beach FL Zip Code: 33139

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: MCohen 4/21/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW. FEE IS $61.25 Due by May 1, 2004

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	☐ Delete	TITLE: President NAME: Michele Cohen STREET ADDRESS: 723 North Lincoln Lane CITY-ST-ZIP: Miami Beach, FL 33139	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VP NAME: Cheryl Foster STREET ADDRESS: 723 N. Lincoln Lane CITY-ST-ZIP: Miami Beach, FL 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: MCohen 4/21/04 (305) 532-5654

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