


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006732	
1. Entity Name SHIH TZU RESCUE, INC.	

Principal Place of Business 17900 SW 50 COURT SOUTHWEST RANCHES, FL 33331 US	Mailing Address 17900 SW 50 COURT SOUTHWEST RANCHES, FL 33331 US
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DO NOT WRITE IN THIS SPACE

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01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0873140	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REICHENBACH, ERIC 17900 SW 50 COURT SOUTHWEST RANCHES, FL 33331
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000103962
04/05/04-80078-007.70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REICHENBACH, HARRIET 17900 SW 50 COURT SOUTHWEST RANCHES, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REICHENBACH, ERIC 17900 SW 50 COURT SOUTHWEST RANCHES, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESPEDES, BETH 10251 N LAKE VISTA CIR DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, RENA 9240 SW 53 STREET COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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:  ERIC REICHENBACH 4-1-04 954-907-5229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #