

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006233

Entity Name: COMPASSIONATE PUG RESCUE, INC.**Current Principal Place of Business:**20629 NE 7TH CT
MIAMI, FL 33179**Current Mailing Address:**20629 NE 7TH CT
MIAMI, FL 33179**FEI Number:** 65-1136714**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHAPIRO, MARCIA
20629 NE 7TH CT
MIAMI, FL 33179 US*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.***SIGNATURE:** MARCIA SHAPIRO

02/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name SHAPIRO, MARCIA
Address 20629 NE 7TH CT
City-State-Zip: MIAMI FL 33179

Title TR D
Name MCCOWAN, ANN
Address 1500 BAY RD APT 1102
City-State-Zip: MIAMI BEACH FL 33139

Title D, VP
Name BONILLA, CATHY
Address 7568 COCONUT BLVD
City-State-Zip: WEST PALM BEACH FL 33412

Title D
Name STONE, RACHELLE
Address 1116 SUNSET POINT RD
APT 201
City-State-Zip: CLEARWATER FL 33755

Title D
Name STARR, BLAKE
Address 1415 NE 6TH ST
City-State-Zip: FORT LAUDERDALE FL 33304

Title DIRECTOR
Name VALLES, EVELYN
Address 4955 SW 4 STREET
City-State-Zip: MARGATE FL 33068

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARCIA SHAPIRO**PRESIDENT**

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date