

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008633

Entity Name: AMBASSADORS OF LOVE, INC.**Current Principal Place of Business:**8315 NW 201ST TERRACE
HIALEAH, FL 33015**Current Mailing Address:**8315 NW 201ST TERRACE
HIALEAH, FL 33015**FEI Number: 46-1015171****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PASSWATERS, DONALD
8315 NW 201ST TERRACE
HIALEAH, FL 33015 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P/D
Name	PASSWATERS, DONALD
Address	8315 NW 201ST TERRACE
City-State-Zip:	HIALEAH FL 33015

Title	S/D
Name	LANCASTER JONES, JOYCE
Address	529 NW 157TH AVENUE
City-State-Zip:	PEMBROKE PINES FL 33028

Title	D
Name	MILLIGAN GALASSO, JADE
Address	14801 SW 69TH STREET
City-State-Zip:	MIAMI FL 33193

Title	VP/D
Name	ALVAREZ, JOSE E
Address	5725 NW 114TH PATH, UNIT 102
City-State-Zip:	DORAL FL 33175

Title	T/D
Name	PASSWATERS, MARIA
Address	8315 NW 201ST TERRACE
City-State-Zip:	HIALEAH FL 33015

Title	D
Name	DADLANI, LAKHI
Address	15161 SW 42 TERRACE
City-State-Zip:	MIAMI FL 33185

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: MARIA PASSWATERS**TD****01/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date