

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 485884 1. Entity Name GARDEN OF LOVE, INC.	
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Principal Place of Business 257 COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308 US	Mailing Address 257 COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308 US
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04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1617077	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent HAMILTON, DOLORES 257 COMMERCIAL BLVD LAUDERDALE-BY-THE-SEA, FL 33308
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOLORES HAMILTON 611 NE 46TH COURT OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MUSY, DAN 611 N.E. 46TH CT. OAKLAND PARK, FL 33334
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05/13/06-80100-024 150.00

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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 607, 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: *Dolores Hamilton* **4 26 06** ⁹⁵⁴ **491 8880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #