

Apr. 30. 2007 4:48PM

Lee Weissman, CPA, PA

No. 9195 P. 1

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # 485884	
1. Entity Name GARDEN OF LOVE, INC.	

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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04302007 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 Fee Required	

8. Name and Address of Current Registered Agent

**HAMILTON, DOLORES
257 COMMERCIAL BLVD
LAUDERDALE-BY-THE-SEA, FL 33308**

**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: *Dolores Hamilton*

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when changing agent.

DATE: 4/18/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U000000755659
05/22/07 00110 016 50.00

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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 I 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-07 954
491 8380