

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90049 041 ***150.00

DOCUMENT # F39223

1. Entity Name

MADE WITH LOVE, INC.



Principal Place of Business

8221 W. GLADES ROAD
BOCA RATON FL 33434
US

Mailing Address

8221 W. GLADES ROAD
BOCA RATON FL 33434
US

44013010



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2100487**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WOLF, JOEL I
8221 W. GLADES RD
BOCA RATON FL 33434

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME WOLF, JUDI P
STREET ADDRESS 6525 N.W. 39TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE PD ☒ Change ☐ Addition
NAME WOLF, JUDI P
STREET ADDRESS 13286 ALHAMBRA LK. CIRCLE
CITY-ST-ZIP Delray Beach, FL 33446

TITLE S ☐ Delete
NAME WOLF, JOEL I
STREET ADDRESS 6525 N.W. 39TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE S ☒ Change ☐ Addition
NAME WOLF, JOEL I
STREET ADDRESS 13286 ALHAMBRA LK. CIRCLE
CITY-ST-ZIP DELRAY Beach, FL 33446

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Judi P. Wolf* Judi P. Wolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/04 561-477-1771
Date Daytime Phone #