


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # K70521
 1. Entity Name
 LOVELY PEOPLE INC.



Principal Place of Business Mailing Address
 220 71ST ST. 220 71ST ST.
 SUITE 200 SUITE 200
 MIAMI BEACH, FL 33141 US MIAMI BEACH, FL 33141 US

DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

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|--|--------------------------------|
| 4. FEI Number 65-0208149 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 SILVA, PEDRO PAULO A.
 7601 E TREASURE DR #402
 NORTH BAY VILLAGE, FL 33141

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B. 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

U00000117863
 04/19/04 80036 014 150.75

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PTSD SILVA, PEDRO PAULO DE ANDRADE 7601 E TREASURE DR #402 NORTH BAY VILLAGE, FL 33141 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, or all other like empowered.

SIGNATURE: Pedro Paulo A. Silva 04-12-04 (305) 300-5054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #