

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001925

FILED
Sep 12, 2008
Secretary of State

Entity Name: PIANO LOVERS, INC.

Current Principal Place of Business:

8016 SW 21 CT
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

PO BOX 4094
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 65-1062251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KREEGER, ABRAM
8016 SW 21 CT
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KREEGER, ABRAM
Address: PO BOX 4094
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: KREEGER, JULIAN H
Address: 1428 BRICKELL AVE, 8TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: HOWKINS, LAWRENCE
Address: 3508 ANDERSON RD
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: JOINSON, JAMES
Address: 100 NE 3 AVE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D () Delete
Name: KULA, MARK
Address: 7500 SW 120 STREET
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: LEITCH, PAT
Address: 6733 SW 70 AVE
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ABRAM KREEGER

D

09/12/2008

Electronic Signature of Signing Officer or Director

Date