

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004698

FILED
May 27, 2004
Secretary of State

Entity Name: LABOR IN LOVE, INCORPORATED

Current Principal Place of Business:

3310 N.W. 80TH TERRACE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

1190 N.E. 200 TERRACE
MIAMI, FL 331792672

New Mailing Address:

FEI Number: 65-1129071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SBRISSA, SHARON
1190 NW 200 TERRACE
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

SBRISSA, SHARON
1190 NE200 TERRACE
MIAMI, FL 33179 US

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: SHARON SBRISSA

05/27/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SBRISSA, SHARON
Address: 1190 NE 200 TERRACE
City-St-Zip: MIAMI, FL 33179

Title: P () Delete
Name: BENDROSS-MINDINGALL, DOROTHY
Address: 3310 N.W. 80TH TERRACE
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: DIAZ, ELAINE
Address: 17101 N.W. 46 AVENUE
City-St-Zip: MIAMI, FL 33055

Title: T () Delete
Name: CASH-JACKSON, YOLANDA
Address: 3111 STERLINE ROAD
City-St-Zip: FT LAUDERDALE, FL 33312

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON SBRISSA

V

05/27/2004

Electronic Signature of Signing Officer or Director

Date