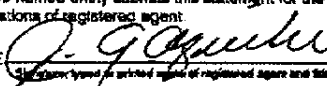
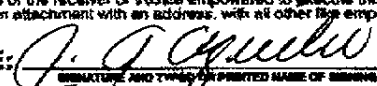


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004801 1. Entity Name LOVE MISSION FOUNDATION, CORP.		
Principal Place of Business 75 NE 202 TERRACE P-10 NORTH MIAMI BEACH, FL 33179	Mailing Address 75 NE 202 TERRACE P-10 NORTH MIAMI BEACH, FL 33179	
DO NOT WRITE IN THIS SPACE		
 03012004 No Chg-NP CR2E037 (10/03)		
4. FEI Number 41-2047170		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent AGUILAR, JOSE A 75 NE 202 TERRACE #P-10 NORTH MIAMI BEACH, FL 33179		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 		
(Signature typed in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000103477 04/05/04-80056-014 8.75
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUILAR, JOSE A 75 NE 202 TERRACE #P-10 NORTH MIAMI BEACH, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VELASQUEZ, MARGARITA G 2145 PIERCE STREET #108 HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AGUILAR, MILVIA 75 NE 202 TERRACE #P-10 NORTH MIAMI BEACH, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, RITA M 1228 NW 4 STREET #9 MIAMI, FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 617, 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 filer employees.		
SIGNATURE: 		4-01-04
SIGNATURE AND TYPE IN PRINTED NAME OF SERVING OFFICER OR DIRECTOR		Date Day/Mo/Yr