

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006813

1. Entity Name
PEOPLE LIKE US (PLUS) INC.



Principal Place of Business
**600 BRICKELL AVE
301-E
MIAMI, FL 33131 US**

Mailing Address
**600 BRICKELL AVE
301-E
MIAMI, FL 33131 US**



04062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-2038454

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ DEL RINCON, DELORES
600 BRICKELL AVE
301-E
MIAMI, FL 33131**

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IN THIS SPACE**

7. 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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	LOPEZ DEL RINCON, DELORES
STREET ADDRESS	642 86TH STREET
CITY- ST- ZIP	MIAMI BEACH, FL 33141
TITLE	VP
NAME	LOPEZ DEL RINCON, FRANCISCO M
STREET ADDRESS	642 86TH STREET
CITY- ST- ZIP	MIAMI BEACH, FL 33141
TITLE	T
NAME	DONZELLA, DARLEEN
STREET ADDRESS	9540 TOLEDO LANE
CITY- ST- ZIP	DAVIE, FL 33324
TITLE	S
NAME	ROBERTS, HENRI
STREET ADDRESS	417 SW 11TH ST.
CITY- ST- ZIP	MIAMI, FL 33130
TITLE	CA
NAME	DAVIS, PATRICIA
STREET ADDRESS	20 NW 203 TERR.
CITY- ST- ZIP	MIAMI GARDENS, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000336068
04/27/05-80110-016 61.25

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IN THIS SPACE**

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 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 like empowered.

SIGNATURE: *Delores Lopez Del Rincon* *President* **4-10-05 305-374-8343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #