


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90097 049 ****61.25

DOCUMENT # N03000006813	
1. Entity Name	
PEOPLE LIKE US (PLUS) INC.	

Principal Place of Business	Mailing Address
1450 NE 123RD ST. SUITE 106 N. MIAMI FL 33161 US	1450 NE 123RD ST. SUITE 106 N. MIAMI FL 33161 US



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For
43-2038454		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOPEZ DEL RINCON, DELORES 600 BRICKELL AVE. 301-E MIAMI FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when revalidating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRES / <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ DEL RINCON, DELORES	NAME	
STREET ADDRESS	642 86TH STREET	STREET ADDRESS	
CITY- ST- ZIP	MIAMI BEACH FL 33141	CITY- ST- ZIP	
TITLE	VP / <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ DEL RINCON, FRANCISCO M	NAME	
STREET ADDRESS	642 86TH STREET	STREET ADDRESS	
CITY- ST- ZIP	MIAMI BEACH FL 33141	CITY- ST- ZIP	
TITLE	T / <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONZELLA, DARLEEN	NAME	
STREET ADDRESS	9540 TOLEDO LANE	STREET ADDRESS	
CITY- ST- ZIP	DAVIE FL 33324	CITY- ST- ZIP	
TITLE	S / <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, HENRI	NAME	
STREET ADDRESS	417 SW 11TH ST.	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33130	CITY- ST- ZIP	
TITLE	CA / <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PATRICIA	NAME	
STREET ADDRESS	20 NW 203 TERR.	STREET ADDRESS	
CITY- ST- ZIP	MIAMI GARDENS FL 33169	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* 4/20/07 305-893-7243