

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000006813

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



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

Mailing Address
1450 NE 123RD ST.
SUITE 106
N. MIAMI, FL 33161 US

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07282008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
43-2038454

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000957097
08/04/08-80009-007 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 exemptions contained 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 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/Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-2008-893-7243
Date Daytime Phone #