2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006813

City-St-Zip:

MIAMI GARDENS, FL 33169

Entity Name: PEOPLE LIKE US (PLUS) INC.

FILED Jul 07, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
1450 NE 12 SUITE 106 N. MIAMI, F		642 86TH STREET. MIAMI BEACH, FL 33141	US
Current Mailing Address:		New Mailing Address:	
1450 NE 12 SUITE 106 N. MIAMI, F		642 86TH STREET MIAMI BEACH, FL 33141	US
FEI Number:	43-2038454 FEI Number Applied For() FEI Num e with s. 607.193(2)(b), F.S., the corporation did not receive t		rtificate of Status Desired ()
	Address of Current Registered Agent:	Name and Address of New	Registered Agent:
LOPEZ DEI 600 BRICKI 301-E MIAMI, FL		LOPEZ DEL RINCON, DELO 642 86TH STREET MIAMI BEACH, FL 33141	RES US
The above in the State	named entity submits this statement for the purpose o of Florida.	f changing its registered office	or registered agent, or both,
SIGNATUR	E: DELORES LOPEZ DEL RINCON PRES/ DIRECT	ΓOR	07/07/2009
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete LOPEZ DEL RINCON, DELORES 642 86TH STREET MIAMI BEACH, FL 33141 US	Title: () Cha Name: Address: City-St-Zip:	nge () Addition
Title: Name: Address: City-St-Zip:	VD () Delete LOPEZ DEL RINCON, FRANCISCO M 642 86TH STREET MIAMI BEACH, FL 33141 US	Title: () Cha Name: Address: City-St-Zip:	nge()Addition
Title: Name: Address: City-St-Zip:	TD () Delete DONZELLA, DARLEEN 9540 TOLEDO LANE DAVIE, FL 33324	Title: () Cha Name: Address: City-St-Zip:	nge()Addition
Title: Name: Address: City-St-Zip:	S () Delete ROBERTS, HENRI 417 SW 11TH ST. MIAMI, FL 33130	Title: () Cha Name: Address: City-St-Zip:	nge()Addition
Title: Name:	CA () Delete DAVIS, PATRICIA 20 NW 203 TERR.	Title: () Cha Name: Address:	nge()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: DELORES LOPEZ DEL RINCON PRES 07/07/2009