

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001052

FILED  
May 11, 2009  
Secretary of State

Entity Name: GENUINE LOVE, INC.

**Current Principal Place of Business:**

4859 NW 183RD ST  
OPA LOCKA, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 174086  
MIAMI, FL 33017

**New Mailing Address:**

FEI Number: 65-1020633      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

THOMPSON, CHARLES  
4399 NW 64TH AVE  
CORAL SPRINGS, FL 33067      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S      ( ) Delete  
Name: FREDRICK, MARIE  
Address: 18130 NW 19M AVE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VD      ( ) Delete  
Name: THOMPSON, FRANCENIA  
Address: 4399 NW 64TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: PD      ( ) Delete  
Name: THOMPSON, CHARLES  
Address: 4399 NW 64TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: CHARLES THOMPSON

PRES

05/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date