

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000009856

**1. Entity Name
LIVIN' IT, INC.**



**Principal Place of Business
213 SW 22ND AVENUE
FORT LAUDERDALE, FL 33312**

**Mailing Address
213 SW 22ND AVENUE
FORT LAUDERDALE, FL 33312**



01122006 No Chg-NP CR2E037 (11/05)

**4. FEI Number
35-2243931**

**Applied For
Not Applicable**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STEEN, REBECCA
2998 NW 48TH TERRACE #131
LAUDERDALE LAKES, FL 33313**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

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

10. OFFICERS AND DIRECTORS

**TITLE P
NAME JONES, SOPHIA D
STREET ADDRESS 213 SW 22ND AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33312**

**TITLE T
NAME STEEN, REBECCA
STREET ADDRESS 2998 NW 48TH TERRACE, #131
CITY-ST-ZIP LAUDERDALE LAKES, FL 33313**

**TITLE VP
NAME CARLSON, JUDY
STREET ADDRESS 2520 NW 17TH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33311**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

U00000550367
05/13/06-80058-005 61.25

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sophia D Jones Sophia D. Jones 4/27/06

954-608-8521