

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010554

FILED
Feb 05, 2007
Secretary of State

Entity Name: VOICE OF LOVE TRAINING AND DEVELOPMENT, INC.

Current Principal Place of Business:

16363 NW 57TH AVE
MIAMI, FL 33014 US

New Principal Place of Business:

1851 NW 125 AVE
SUITE #351
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

16363 NW 57TH AVE
MIAMI, FL 33014 US

New Mailing Address:

13651 SW 20TH STREET
MIRAMAR, FL 33027 US

FEI Number: 57-1213493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, ANA M
13651 SW 20 STREET
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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: P () Delete
Name: LOPEZ, ANA M
Address: 13651 SW 20 STREET
City-St-Zip: MIRAMAR, FL 33027 US

Title: V () Delete
Name: NICHAR, JENELYS
Address: 5341 HAWKES BLUFF AVE
City-St-Zip: DAVIE, FL 33331 US

Title: T () Delete
Name: COELLO, LILIA
Address: 951 SW 121 AVE
City-St-Zip: DAVIE, FL 33325 US

Title: S () Delete
Name: NICHAR, NAIM
Address: 5341 HAWKES BLUFF AVE
City-St-Zip: DAVIE, FL 33331 US

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANA LOPEZ

P

02/05/2007

Electronic Signature of Signing Officer or Director

Date