

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007736

FILED
Jul 08, 2009
Secretary of State

Entity Name: LOVE IN ACTION INTERNATIONAL, INC.

Current Principal Place of Business:

1206 W. STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1206 W. STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 26-3201900 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:

LIBREROS, DORA
2468 CIMMARON ASH WAY
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

LIBREROS, DORA
2468 CIMMARON ASH WAY
APOPKA, FL 32703 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:

07/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIBREROS, DORA
Address: 2468 CIMMARON ASH WAY
City-St-Zip: APOPKA, FL 32703

Title: T () Delete
Name: LIBREROS, EDINSON
Address: 2468 CIMMARON ASH WAY
City-St-Zip: APOPKA, FL 32703

Title: S () Delete
Name: CRUZ, ANABELL
Address: 2468 CIMMARON ASH WAY
City-St-Zip: APOPKA, FL 32703

Title: EXVP () Delete
Name: GONZALEZ MONTES, HERIBERTO
Address: URB COSTA BRAVA CALLE AMBAR G 104
City-St-Zip: ISABELA PR 00662,

Title: VP () Delete
Name: PARDO ESCOBI, AIDA E
Address: URB COSTA BRAVA CALLE AMBAR G 104
City-St-Zip: ISABELA PR 00662,

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:

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: DORA LIBREROS

P

07/08/2009

Electronic Signature of Signing Officer or Director

Date