

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007591

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** WOMEN WARRIORS OF GENUINE LOVE, INC.

**Current Principal Place of Business:**

4859 NW 183RD STREET  
MIAMI, FL 33067

**New Principal Place of Business:**

4859 NW 183RD STREET  
MIAMI, FL 33055

**Current Mailing Address:**

4859 NW 183RD STREET  
MIAMI, FL 33067

**New Mailing Address:**

4859 NW 183RD STREET  
MIAMI, FL 33055

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

THOMPSON, FRANCENIA  
4859 NW 183RD STREET  
MIAMI, FL 33067 US

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

THOMPSON, FRANCENIA  
4859 NW 183RD STREET  
MIAMI, FL 33055 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:

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: THOMPSON, FRANCENIA  
Address: 4859 NW 183RD STREET  
City-St-Zip: MIAMI, FL 33055

Title: VP  
Name: THOMPSON, CHARLES  
Address: 4859 NW 183RD STREET  
City-St-Zip: MIAMI, FL 33055

Title: S  
Name: THOMPSON, CHARMAYNE  
Address: 4859 NW 183RD STREET  
City-St-Zip: MIAMI, FL 33055

I hereby 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 all other like empowered.

SIGNATURE: FRANCENIA THOMPSON

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date