

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005115

FILED
Apr 30, 2004
Secretary of State**Entity Name:** LOVE MISSION OUTREACH INTERNATIONAL, INC.**Current Principal Place of Business:**2087 W 76TH STREET
UNIT 7
HIALEAH, FL 33016 US**New Principal Place of Business:****Current Mailing Address:**17804 NW 84 PL
MIAMI, FL 33015 US**New Mailing Address:****FEI Number:** 31-1474915**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VELEZ, ANN CAROLYN
17801 NW 8 CT
HIALEAH, FL 33015 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: VELEZ, SAMUEL
Address: 17804 NW 84 CT
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: VELEZ, ANN CAROLYN
Address: 17907 NW 78 PL
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: VELEZ SUAREZ, AURA A
Address: 535 NW 123RD ST
City-St-Zip: HIALEAH, FL 33123

Title: D () Delete
Name: RIVERA, CLAUDIA
Address: 535 N.W. 123RD STREET
City-St-Zip: MIAMI, FL 33168

Title: DT () Delete
Name: RIVERA, MELVIN NOEL
Address: 8290 NW 171 ST
City-St-Zip: HOLLYWOOD, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VELEZ, SAMUEL
Address: 17801 NW 84 CT
City-St-Zip: HIALEAH, FL 33015

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

Title: D (X) Change () Addition
Name: VELEZ SUAREZ, AURA A
Address: 18501 NW 85 COURT
City-St-Zip: HIALEAH, FL 33015

Title: D (X) Change () Addition
Name: RIVERA, CLAUDIA
Address: 8290 NW 171 STREET
City-St-Zip: MIAMI, FL 33015

Title: DT (X) Change () Addition
Name: RIVERA, MELVIN NOEL
Address: 8290 NW 171 ST
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANN CAROLYN VELEZ

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date