

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005667

FILED
Apr 09, 2007
Secretary of State

Entity Name: THE LOOK FOR SUCCESS INC.

Current Principal Place of Business:

468 NE 206TH LANE, #209
N. MIAMI, FL 33179

New Principal Place of Business:

468 NE 206TH LANE
209
N. MIAMI, FL 33179

Current Mailing Address:

468 NE 206TH LANE, #209
N. MIAMI, FL 33179

New Mailing Address:

468 NE 206TH LANE
209
N. MIAMI, FL 33179

FEI Number: 65-0950404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, JONATHAN
1590 NE 162ST STE 200
NORTH MIAMI, FL 33162 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: ED () Delete
Name: GOEDDE, KIMBERLY E
Address: 468 NE 206TH LANE, #209
City-St-Zip: N. MIAMI, FL 33179

Title: D () Delete
Name: GOEDDE, KARLENE
Address: 1860 DUN HILL
City-St-Zip: MILFORD, MI 48381

Title: VPD () Delete
Name: MARTIN, ALAN
Address: 3927 WORCESTER
City-St-Zip: SARASOTA, FL 34231

Title: P () Delete
Name: COHEN, OLIVIA M
Address: 3530 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

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: KIMBERLY E. GOEDDE

ED

04/09/2007

Electronic Signature of Signing Officer or Director

Date