

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91773 011 ***150.00

0285601 AV

DOCUMENT # P00000070996



1. Entity Name
LOVENDO INC.

Principal Place of Business
8606 NW 70TH ST
MIAMI FL 33166

Mailing Address
8606 NW 70TH ST
MIAMI FL 33166

11020070



2. Principal Place of Business
8437 NW. 68. ST
Suite, Apt. #, etc.

3. Mailing Address
8437 NW. 68. ST
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
miami, Florida
Zip
33166
Country
USA

City & State
miami, Florida
Zip
33166
Country
USA

4. FEI Number 65-1046054
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAGGI, JUAN C
8060 NW 70TH ST
MIAMI FL 33166

7. Name and Address of New Registered Agent
Name maggi, Juan C.
Street Address (P.O. Box Number is Not Acceptable)
8437 NW. 68. ST
City miami FL Zip Code 33166

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | MAGGI, JUAN C |
| STREET ADDRESS | 8606 NW 70TH ST |
| CITY-ST-ZIP | MIAMI FL 33166 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | ZAMORA, HILDA C |
| STREET ADDRESS | 8606 NW 70TH ST |
| CITY-ST-ZIP | MIAMI FL 33166 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MAGGI, JUAN C. |
| STREET ADDRESS | 8437 NW. 68. ST |
| CITY-ST-ZIP | miami, FL. 33166 |
| TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ZAMORA, HILDA C. |
| STREET ADDRESS | 8437 NW. 68. ST |
| CITY-ST-ZIP | MIAMI, FL 33166 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers, directors, receivers, trustees, or agents empowered.

SIGNATURE: **ED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2B034 (10/02)