

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

06 SEP 11 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000065697

1. Entity Name  
LOVE MADISON, INC.



Principal Place of Business  
1142 S. US 1  
FT. LAUDERDALE, FL 33316

Mailing Address  
1142 S. US 1  
FT. LAUDERDALE, FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07172006

Chg-P

CR2E034 (11/05)

4. FEI Number  
65-1117593

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NICOLE D. RAUSCH  
6942 FINAMORE CIRCLE  
LAKE WORTH, FL 33145

7. Name and Address of New Registered Agent

Name Jon D. Rausch  
Street Address (P.O. Box Number is Not Acceptable)  
1142 S US 1  
City ft. Lauderdale FL Zip Code 33316

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 Nicole D. Rausch

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jonathan Rausch

DATE

8/2/06

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST  
NAME RAUSCH, NICOLE D  
STREET ADDRESS 1142 S. US 1  
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME RAUSCH, NICOLE D  
STREET ADDRESS 1142 S. US 1  
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/22/06 (957) 763-2226

9/11/06