

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000071193

1. Entity Name

LOVING SUPPORT & COORDINATION, INC.

NOTIF
: LOVI
7945
MIAMI

BC: 1/3

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90082 038 ***150.00

Principal Place of Business

2302 SE 23 TERRACE
HOMESTEAD FL 33035

Mailing Address

2302 SE 23 TERRACE
HOMESTEAD FL 33035

2. Principal Place of Business - No P.O. Box #

7945 SW 104 ST

3. Mailing Address

206 C

Suite, Apt. #, etc.

MIAMI, FL 33156

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1123546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORALES, MARTHA L
9807 S.W. 194TH STREET
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 PD ☐ Delete
NAME MORALES, MARTHA L
STREET ADDRESS 9807 S.W. 194TH STREET
CITY - ST - ZIP MIAMI FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #