2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 08:00 AM Secretary of State

ANNUAL REPORT				_	C 4 C C 4 - 4 -			
DOCUMENT # P02000017246 1. Entity Name LOVE FOODS, INC.		16			S	ecreta	ry of State	
Principal Plac	ce of Business	Mailing Address		7				
8901 NE 10 Miami, Fl. 3		7098 Bonita Drive Miami Beach, Fl 33141						
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				(100)				
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			CE	4. FEI Numb		•	Applied For Not Applicable	
					of Status Desired	\$8.	.75 Additional	
	6. Name and Address of Current Regi	atarad Amont	1	5. Cermicale	OI Status Desired	Fee	Required	
	o. Name and Address of Current Regi	stered Agent						
HURLBURT-BECERRA, DAWN M 8901 NE 10TH AVE				DO	NOT W	RITE		
MIAMI, FL 33138				INI "	THIS SE	DACE		
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						- data - 1 firms	lian in a same	
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 lift	e il applicable (NOTE: Registere	ed Agent signature requir	ed when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				5.00 May Be Ided to Fees				
10.	OFFICERS AND DIRE	CTORS	-					
TITLE NAME	P HURLBURT-BECERRA, DAWN M							
STREET ADDRESS	8901 NE 10TH AVE							
CITY-ST-ZIP	MIAMI, FL 33138		-					
TITLE NAME	1		1		UQ nazon	000007047	96	
STREET ADDRESS			1		U4/43	707-800 <u>4</u>	!S-014 158.†S	
CITY-ST-ZIP			-					
NAME								
STREET ADDRESS CITY+ST-ZIP				DO	NOT W	/RITE		
TITLE		· · · · · · · · · · · · · · · · · · ·	1	INI .	THIS SI	PACE	1	
NAME			1	11.4		~~L		
STREET ADDRESS CITY-ST-ZIP								
TITLE			1					
NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filling 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 attactiment with an address, with all other line empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPEODE PRINTED NAME OF STRING OFFICER DESIRECTOR

04-05.07

Daylima Phone #