

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # P02000020214

1. Entity Name
LIVINGSTON MORRIS GROUP HOME, INC.



Principal Place of Business
**2960 NW 163 ST.
MIAMI, FL 33054**

Mailing Address
**2960 NW 163 ST.
MIAMI, FL 33054**



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0607778

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LIVINGSTON MORRIS, JOSEPHINE
2960 NW 163 ST.
MIAMI, FL 33054**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIVINGSTON, JOSEPHINE 2960 NW 163 ST MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIVINGSTON, YOLANDA 239 NEW HOPE RD BLDG 7 APT 102 LAWRENCEVILLE, GA 30045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAMES, PORTIA 1130 NW 90 ST MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HARDER, TARICA 2020 NE 169 ST OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000862714
04/03/08-80057-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #

3-3-08