

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058792

Entity Name: JUST LIKE MOM'S, INC.

FILED
Mar 04, 2004
Secretary of State

Current Principal Place of Business:

1690 SW 54 TERRACE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

1690 SW 54 TERRACE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 30-0090852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASS, DANIEL G
10001 NW 54 STREET STE 204
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LIVINGSTON, NANCY E
Address: 1690 SW 54 TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: LIVINGSTON, GINGER
Address: 901 NW 85 B TERR, #1418
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LIVINGSTON, GINGER
Address: 6814 NW 13TH ST
City-St-Zip: PLANTATION, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY LIVINGSTON

D

03/04/2004

Electronic Signature of Signing Officer or Director

Date