

03-17-2005 90313 025 ***150.00
P02000114804

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000114804

1. Entity Name
LOVE AND CARE, INC.



Principal Place of Business
21350 NE 8 COURT #2
NORTH MIAMI BEACH, FL 33179

Mailing Address
21350 NE 8 COURT #2
NORTH MIAMI BEACH, FL 33179

FILED

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03082005 Chg-P CR26034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
02-0649685

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMSON, LOVE
21350 NE 8 COURT #2
NORTH MIAMI BEACH, FL 33179

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
THOMSON, LOVE
21350 NE 8 COURT #2
NORTH MIAMI BEACH, FL 33179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
000066392560
02/22/06--01036--023 ***150.00

TITLE
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☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Love Thomson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

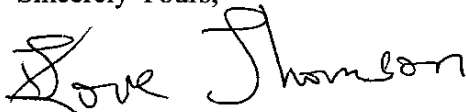
3/8/05 (305) 401-0103
Date Daytime Phone #

February 10, 2006

To Whom It May Concern:

Please enclosed find a photocopy of the check with which we paid the 2005 annual report and also I am enclosing a new check to paid for the 2006 annual report you cashed the check that I paid the 2005 even though according to you you did not have a federal identification number I already send you a fully filled annual report with the federal identification on it and a photo copy of the cancel check and you still did not activate my Corporation will you please try to get back my corporation to active status because I do my work with my corporation.

Sincerely Yours,

A handwritten signature in black ink that reads "Love Thomson". The signature is written in a cursive, flowing style.

Love Thomson

President of Love & Care Inc