


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90684 015 ***150.00

DOCUMENT # P03000126718	
1. Entity Name LAKE WORTH - LIVELONG INCORPORATED	

Principal Place of Business 4469 S CONGRESS AVE 116 LAKE WORTH, FL 33461 US	Mailing Address 7177 W OAKLAND PARK BLVD LAUDERHILL, FL 33313 US
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94079419



2. Principal Place of Business		3. Mailing Address 4469 S. Congress Ave	
Suite, Apt. #, etc. 116		Suite, Apt. #, etc.	
City & State		City & State Lake Worth, FL 33461	
Zip 33461	Country USA	Zip	Country

04282004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent YI, JOSEPH 5441 NW 90 TER SUNRISE, FL 33351		7. Name and Address of New Registered Agent	
		Name Robin Yi	
		Street Address (P.O. Box Number is Not Acceptable) 5441 NW 90th Terr	
		City Sunrise	
		FL Zip Code 33351	

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.

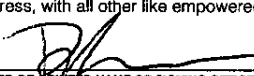
SIGNATURE:  **Robin Yi** 4/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	P YI, ROBIN J 5441 NW 90 TER SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 561) 434-4428
Date Daytime Phone #