

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035876

Entity Name: 834 LOVELL BLDG., INC.

FILED  
Mar 29, 2011  
Secretary of State

**Current Principal Place of Business:**

840 NE 20 AVE  
FT LAUDERDALE, FL 333043036 US

**New Principal Place of Business:**

840 NE 20TH AVE  
FT LAUDERDALE, FL 333043036 US

**Current Mailing Address:**

840 NE 20 AVE  
FT LAUDERDALE, FL 333043036 US

**New Mailing Address:**

840 NE 20TH AVE  
FT LAUDERDALE, FL 333043036 US

FEI Number: 20-0768655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOVELL, ROSE ANN  
840 NE 20 AVE  
FT LAUDERDALE, FL 333043036 US

**Name and Address of New Registered Agent:**

LOVELL, ROSE ANN  
840 NE 20TH AVE  
FT LAUDERDALE, FL 333043036 US

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

03/29/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: LOVELL, ROSE ANN  
Address: 840 NE 20TH AVE  
City-St-Zip: FT LAUDERDALE, FL 333043036

Title: CD  
Name: LOVELL, R. O  
Address: 840 NE 20TH AVE  
City-St-Zip: FT LAUDERDALE, FL 333043036

Title: VDT  
Name: LOVELL, H B  
Address: 840 NE 20TH AVE  
City-St-Zip: FT LAUDERDALE, FL 333043036

I hereby 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 all other like empowered.

SIGNATURE: ROSE ANN LOVELL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PSD

03/29/2011

\_\_\_\_\_  
Date