

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000036061

1. Entity Name
LOVE ME TENDER, INC.



FILED
2006 JUL 24 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1142 S. US 1
FT. LAUDERDALE, FL 33316

Mailing Address
1142 S. US 1
FT. LAUDERDALE, FL 33316



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07172006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3469742

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

RAUSCH, JONATHAN D
1140 S US 1
FORT LAUDERDALE, FL 33316

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 reinstating)

DATE

Amended AR is \$61.25

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 VP
NAME RAUSCH, JONATHAN D
STREET ADDRESS 3841 PEMBROKE ROAD, UNIT #B
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400078231454
CITY-ST-ZIP 08/01/06--01048--007 **\$61.25

TITLE P
NAME HANDSBOROUGH, KELLY A
STREET ADDRESS 1142 S US 1
CITY-ST-ZIP FT. LAUDERDALE, FL 33316 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary
NAME Ira Streiner
STREET ADDRESS 921 B North Andrews Ave.
CITY-ST-ZIP Ft. Lauderdale, FL 33311 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Kelly A Handsborough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/06 (954) 763-2886

Date Daytime Phone #