## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000060686

Entity Name: AGAPE MU, INC.

FILED Jun 25, 2009 Secretary of State

| Current Principal Place of Business:                            |  | New Principal Place                | New Principal Place of Business:             |  |
|---|--|------------------------------------|--|--|
| 1075 92ND ST<br>UNIT 505<br>BAY HARBOR, FL 33°                  | 154 US   |                                    |  |  |
| Current Mailing Address:  |  | New Mailing Address                | New Mailing Address:                         |  |
| PO BOX 545866<br>SURFSIDE, FL 33154                             | US   |                                    |  |  |
| FEI Number: 20-2861233  | FEI Number Applied For()   | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent:                   |  | Name and Address o                 | Name and Address of New Registered Agent:    |  |
| ICAZA, SILVIA<br>1075 92ND ST<br>UNIT 505<br>BAY HARBOR, FL 33° | 154 US   |                                    |  |  |
| The above named entit in the State of Florida.                  | y submits this statement for the                                       | purpose of changing its registered | d office or registered agent, or both,       |  |
| SIGNATURE:  |  |                                    |  |  |
| Electronic Signature of Registered Agent                        |  | gent                               | Date   |  |
|   | 193(2)(b), F.S., the corporation did ring Trust Fund Contribution ( ). | not receive the prior notice.      |  |  |
| OFFICERS AND DIRECTORS:   |  | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title: D<br>Name: ICAZA, LORI                                   | ( ) Delete<br>ENA  | Title:<br>Name:                    | ( ) Change ( ) Addition                      |  |

 Intle:
 D
 ( ) Delete
 Intle:

 Name:
 ICAZA, LORENA
 Name:

 Address:
 1075 92ND ST., UNIT 505
 Address:

 City-St-Zip:
 BAY HARBOR, FL 33154
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LORENA ICAZA D 06/25/2009