


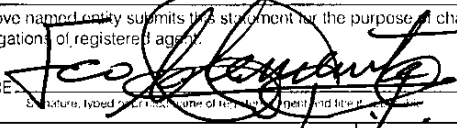
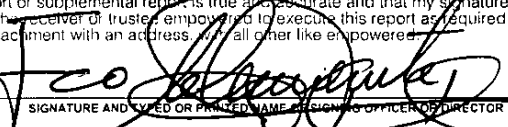
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90149 006 ***550.00

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DOCUMENT # P05000159310					
1. Entity Name GARDELOVE, INC.					
Principal Place of Business 3033 NW 43RD AVE APT 109 LAUDERDALE LAKES, FL 33313		Mailing Address 3033 NW 43RD AVE APT 109 LAUDERDALE LAKES, FL 33313			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05262006 Chg-P CR2E034 (11/05) 4. FEI Number 20-3876932 Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
BOSCH, JAIRO M 5440 N STATE RD 7 STE 5 FT LAUDERDALE, FL 33319.				7. Name and Address of New Registered Agent Name: Francisco Amauri Clemente Street Address (P.O. Box Number is Not Acceptable) 3033 N.W. 43rd Avenue, Apt 109 City Lauderdale Lakes FL Zip Code 33313	
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: 				DATE: 05/26/2006	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLEMENT, FRANCISCO A	NAME			
STREET ADDRESS	3033 NW 43RD AVE APT 109	STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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, or all other like empowered.					
SIGNATURE: 		Francisco A. Clemente Dated: 05/26/2006		954-739-5790 Daytime Phone #	