2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2008-90001-007-$150.00-$150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07082008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000100830

1. Entity Name
LOVE MISSION LIFE CARE SERVICES, INC.

Principal Place of Business	Mailing Address
6272 NW 186 ST., APT. 106 MIAMI LAKES, FL 33015	6272 NW 186 ST., APT. 106 MIAMI LAKES, FL 33015

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
6272 N.W. 186 St		6272 N.W. 186 St.	
Suite, Apt. #, etc. #106		Suite, Apt. #, etc. #106	
City & State Hialeah, FL 3		City & State Hialeah FL	
Zip 33015	Country DADA	Zip 33015	Country DADA.

4. FEI Number 26-0902146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S. ESQ.
1177 SE 3RD AVE.
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

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: Adriana Cobo Adriana Cobo 9/17/08
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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FERNANDEZ COBO, ADRIANA P. 6272 NW 186 ST., APT. 106 MIAMI LAKES, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Adriana Cobo Adriana Cobo 9/17/08 9548547217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS