

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000023840

1. Entity Name
LUV-KUSH ENTERPRISES, INC.



Principal Place of Business
3975 HWY 441 SOUTH
OKEECHOBEE, FL 34974

Mailing Address
201 S PARROTT AVE
OKEECHOBEE, FL 34974



04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0486049

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

PATEL, JITENDRA
201 S PARROTT AVE
OKEECHOBEE, FL 34974

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PATEL, JITENDRA
STREET ADDRESS 201 S PARROTT AVE
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE DP
NAME PATEL, JITENDRA
STREET ADDRESS 201 S PARROT AVE
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE DST
NAME PATEL, NAYNA
STREET ADDRESS 201 S PARROTT AVE
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000725947
05/03/07-80043-002 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/07 863 763 6171