May 05, 2003 8:00 am
Secretary of State
05-05-2003 90235 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80108619

DOCUMENT # P98000016400

1. Entity Name
LOVE/FAITH & DESTINY INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
18331 PINES BLVD SUITE 182 PEMBROKE PINES, FL 33029	18331 PINES BLVD SUITE 182 PEMBROKE PINES, FL 33029

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0813801 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ROBERTSON, E J
18331 PINE BLVD., STE.182
PEMBROKE PINE, FL 33029

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 [signature] 4/29/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	P ☐ Delete	TITLE	Vice President ☐ Change ☑ Addition
NAME	ROBERSON, E J	NAME	D. Johnson-King
STREET ADDRESS	16331 PINE BLVD., STE. 182	STREET ADDRESS	18331 Pines Blvd, Suite 182
CITY-ST-ZIP	PEMBROKE PINE, FL 33029	CITY-ST-ZIP	Pembroke Pines - FL - 33029
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #