


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90018 024 ***150.00

DOCUMENT # S44488 1. Entity Name LIVING IN THE LIGHT, INC.					
Principal Place of Business 17555 ATLANTIC BLVD SUITE 1102 SUNNY ISLES BEACH, FL 33160			Mailing Address 17555 ATLANTIC BLVD SUITE 1102 SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business 5597 HANNOCK ISLES DRIVE			3. Mailing Address 5597 HANNOCK ISLES DRIVE		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State NAPLES FL			City & State NAPLES FL		
Zip 34119			Zip 34119		
Country U.S.A			Country U.S.A		
4. FEI Number 65-0253149			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LOPEZ, LUZ MARIA 17555 ATLANTIC BLVD SUITE 1102 SUNNY ISLES BEACH, FL 33160			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Raymond Lopez</i></u> DATE <u>8/3/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LOPEZ, LUZ M 17555 ATLANTIC BLVD SUITE 1102 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM CUE, ALMA P 1860 VENICE PARK DRIVE APT 223 NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC HINCAPIE, NELSON 2351 SOUTH DOUGLAS RD. PH 9 MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 <u><i>Raymond Lopez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					