

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90391 015 \*\*\*\*61.25

**DOCUMENT # N02000001816**

1. Entity Name  
**ULTRA FOR LIFE INC.**



Principal Place of Business  
**300 BISCAYNE BLVD WAY #904  
MIAMI, FL 33125**

Mailing Address  
**1000 NW 14TH ST  
MIAMI, FL 33136**

17014000



01132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0637259**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

~~OMES, ALEX~~  
~~300 BISCAYNE BLVD WAY #904~~  
~~MIAMI, FL 33125~~

*Russell Faibisch*  
*1000 NW 14th St*  
*Miami FL*  
*33136*

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP OMES, ALEX 300 BISCAYNE BLVD WAY #904 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FAIBISCH, RUSSELL 1575 NORTHWEST 14 STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/05* *305 381-7000*  
Date Daytime Phone #