

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# N02000008899

Entity Name: RELIEF FOR LIFE FOUNDATION, INC.

Current Principal Place of Business:

350 LINCOLN RD., SUITE 412
MIAMI BCH, FL 33139

New Principal Place of Business:

Current Mailing Address:

350 LINCOLN RD., SUITE 412
MIAMI BCH, FL 33139

New Mailing Address:

FEI Number: 46-0509495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURVELO, RONY
350 LINCOLN RD., SUITE 412
MIAMI BCH, FL 33139

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CURVELO, RONY
Address: 350 LINCOLN RD., SUITE 412
City-St-Zip: MIAMI BCH, FL 33139

Title: T () Delete
Name: MENDOCA, JOAO
Address: 962 NW 8TH STREET
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: VARGAS, AMPARO
Address: 1135 101 ST., #1
City-St-Zip: BAY HARBOR ISLAND, FL 33154

Title: S () Delete
Name: LORA, JULIO
Address: 350 LINCOLN RD., SUITE 412
City-St-Zip: MIAMI BCH, FL 33139

Title: D () Delete
Name: PINHEIRO, ANTONIO
Address: 3836 SW 165 AVE
City-St-Zip: HOLLYWOOD, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CURVELO, MARLENE
Address: 9200 EAST BAY HARBOR DR. #8
City-St-Zip: MIAMI, FL 33154

Title: D (X) Change () Addition
Name: CURVELO, RONNIE
Address: 670 EAST 6STREET
City-St-Zip: HIALEAH, FL 33010

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONY CURVELO

PR

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date