

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91024 022 ****61.25

DOCUMENT # N03000000583			
1. Entity Name LIFE & HEALTH FOUNDATION, INC.			
Principal Place of Business 1340 NW 27th ST MIAMI, FL 33142		Mailing Address P.O. BOX. 160083 MIAMI, FL 33116-0083	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

44037029

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0627282		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 RODRIGUEZ, ALBERTO J. 1340 NW 27th ST MIAMI, FL 33142.				7. Name and Address of New Registered Agent			
Name				RODRIGUEZ, ALBERTO J.			
Street Address (P.O. Box Number is Not Acceptable)				1340 NW 27th ST			
City				MIAMI		FL 33142	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, ALBERTO J.			NAME			
STREET ADDRESS	1340 NW 27th ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33142			CITY-ST-ZIP			
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIAZ, GLADIS			NAME			
STREET ADDRESS	1340 NW 27th ST.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33142			CITY-ST-ZIP			
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTILLO, DOLORES			NAME			
STREET ADDRESS	1340 NW 27th ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33142			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 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: **Alberto J. Rodriguez.**



April 22/2004

305-4986333

CR2E037 (9/99)