

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004648

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: LIFE FOR THE FUTURE INC

**Current Principal Place of Business:**

3040 HOLIDAY SPRINGS BOULEVARD  
# 108  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

3040 HOLIDAY SPRINGS BOULEVARD  
# 108  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 20-4832258      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEDOYA, LUIS  
3040 HOLIDAY SPRINGS BOULEVARD  
# 108  
MARGATE, FL 33063 US

**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: DP ( ) Delete  
Name: BEDOYA, LUIS  
Address: 3040 HOLIDAY SPRINGS BOULEVARD # 108  
City-St-Zip: MARGATE, FL 33063

Title: DV ( ) Delete  
Name: BARRANTES, CESAR  
Address: 3040 HOLIDAY SPRINGS BOULEVARD # 108  
City-St-Zip: MARGATE, FL 33063

Title: DT ( ) Delete  
Name: BEDOYA, DELIA  
Address: 3040 HOLIDAY SPRINGS BOULEVARD # 108  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: GM (X) Change ( ) Addition  
Name: BARRANTES, JOHN C  
Address: 3040 HOLIDAY SPRINGS BOULEVARD # 108  
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LUIS BEDOYA

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DP

04/25/2008

\_\_\_\_\_ Date