

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008808

FILED
Apr 30, 2004
Secretary of State

Entity Name: LIFE EXTENSION NUTRITIONAL CENTER, INC.

Current Principal Place of Business:

25 S.E. 2ND AVE.
SUITE 714
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

2350 S.W. 23RD TERR.
MIAMI, FL 33145

New Mailing Address:

FEI Number: 80-0029143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNA, MARCELO
25 S.E. 2ND AVE.
SUITE 714
MIAMI, FL 33131

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LUNA, MARCELO
Address: 4836 S.W. 8 ST
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LUNA, MARCELO
Address: 25 S.E. 2ND. AVE. SUITE 714
City-St-Zip: MIAMI, FL 33131

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCELO LUNA

DP

04/30/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date