

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078180

Entity Name: LIFSITCH CORPORATION

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

10600 NW 37TH TERRACE
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

10600 NW 37TH TERRACE
MIAMI, FL 33178

New Mailing Address:

FEI Number: 55-0870795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESCOBAR, CLARA S
10600 NW 37TH TERRACE
MIAMI, FL 33178 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: ESCOBAR, CLARA S PD
Address: 10600 NW 37 TERRACE
City-St-Zip: MIAMI, FL 33178

Title: D () Change (X) Addition
Name: GUTIERREZ, IVAN D
Address: 10600 NW 37 TERRACE
City-St-Zip: MIAMI, FL 33178

Title: SD () Change (X) Addition
Name: ESCOBAR, ENRIQUE SD
Address: 10600 NW 37 TERRACE
City-St-Zip: MIAMI, FL 33178

Title: VP () Change (X) Addition
Name: GUTIERREZ, SILVIA VP
Address: 10600 NW 37 TERRACE
City-St-Zip: MIAMI, FL 33178

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: CLARA SUSANA ESCOBAR

PD

04/13/2005

Electronic Signature of Signing Officer or Director

Date