

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000009460

**Entity Name:** I AM LYFE INC.

**Current Principal Place of Business:**

11745 SW 26TH CT  
MIRAMAR, FL 33025

**Current Mailing Address:**

11745 SW 26TH CT  
MIRAMAR, FL 33025

**FEI Number:** 83-1618457

**Certificate of Status Desired:** Yes

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

KEYS, MONITA  
11745 SW 26TH CT  
MIRAMAR, FL 33025 US

*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

**Officer/Director Detail :**

Title CEO  
Name KEYS, MONITA  
Address 11745 SW 26TH CT  
City-State-Zip: MIRAMAR FL 33025

Title T  
Name RANDOLPH-CUNNINGHAM, SHERRI  
Address 2511 NW 55ST  
City-State-Zip: MIAMI FL 33142

Title P  
Name DUME, MARIE  
Address 6470 TAFT ST. #127  
City-State-Zip: HOLLYWOOD FL 33024

Title S  
Name MAULTSBY, DEWANA  
Address 1924 WATERFORD CLUB DR  
City-State-Zip: LITHIA SPRINGS GA 30122

Title EXECUTIVE SECRETARY  
Name EVERETTE, LATONYA  
Address 11131 NW 15TH CT  
City-State-Zip: MIAMI FL 33167

*I hereby 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 all other like empowered.*

**SIGNATURE:** MONITA KEYS

**CEO**

**04/23/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date