

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078180

Entity Name: LIFSITCH CORPORATION**Current Principal Place of Business:**10600 NW 37TH TERRACE
MIAMI FL 33178
MIAMI, FL 33178**Current Mailing Address:**10600 NW 37TH TERRACE
MIAMI FL 33178
MIAMI, FL 33178 US**FEI Number:** 55-0870795**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ESCOBAR, CLARA S
10600 NW 37TH TERRACE
MIAMI, FL 33178 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 PD
Name ESCOBAR, CLARA SPD
Address 11137 NW 67 ST
City-State-Zip: MIAMI FL 33178Title TREASURER, DIRECTOR
Name ESCOBAR, ENRIQUE
Address 10600 NW 37 TERRACE
City-State-Zip: MIAMI FL 33178Title SECRETARY, DIRECTOR
Name GUTIERREZ, MARIA FERNANDA
Address 10600 NW 37TH TERRACE
City-State-Zip: MIAMI FL 33178Title DIRECTOR
Name GUTIERREZ, MARIA PAULA
Address 10600 NW 37 TER
City-State-Zip: MIAMI FL 33178Title DIRECTOR
Name GUTIERREZ, IVAN A
Address 10600 NW 37 TERRACE
City-State-Zip: MIAMI FL 33178

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

SIGNATURE: CLARA SUSANA ESCOBAR**PRESIDENT****02/27/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date