

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000001535

**Entity Name:** CEJAS HEALTH AND LIFE CORP.

**Current Principal Place of Business:**

6225 SW 131 CT #203  
MIAMI, FL 33183

**Current Mailing Address:**

6225 SW 131 CT #203  
MIAMI, FL 33183

**FEI Number:** 81-1054620

**Certificate of Status Desired:** No

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

CEJAS, IDELSI  
6225 SW 131 CT #203  
MIAMI, FL 33183 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 CEJAS, IDELSI  
Address 6225 SW 131 CT #203  
City-State-Zip: MIAMI FL 33183

*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:** IDELSI CEJAS

PD

03/07/2017

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

\_\_\_\_\_  
Date