

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000005034

Entity Name: LIFEFY CORP.**Current Principal Place of Business:**3885 NE 207TH STREET
P.O. BOX 149
MIAMI, FL 33180**Current Mailing Address:**3885 NE 207TH STREET
P.O. BOX 149
MIAMI, FL 33180 US**FEI Number:** 46-2728937**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VILAR, ALBERTO JR.
3885 NE 207TH STREET
P.O. BOX 149
MIAMI, FL 33180 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:** ALBERTO VILAR JR.

02/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPCE
Name VILAR, ALBERTO JR.
Address 3885 NE 207TH STREET
P.O. BOX 149
City-State-Zip: MIAMI FL 33180

Title D
Name MARTINEZ, JOSE O
Address 3885 NE 207TH STREET
P.O. BOX 149
City-State-Zip: MIAMI FL 33180

Title D
Name MILLIAN, JOHN R
Address 3885 NE 207TH STREET
P.O. BOX 149
City-State-Zip: MIAMI FL 33180

Title D
Name URBINA, RAFAEL
Address 3885 NE 207TH STREET
P.O. BOX 149
City-State-Zip: MIAMI FL 33180

Title D
Name MILLOR, MANUEL
Address 3885 NE 207TH STREET
P.O. BOX 149
City-State-Zip: MIAMI FL 33180

Title D
Name ORDAS, JOSE LUIS
Address 3885 NE 207TH STREET
P.O. BOX 149
City-State-Zip: MIAMI FL 33180

Title DIRECTOR
Name ORTEGA, JOSE F
Address 3885 NE 207TH STREET
P.O. BOX 149
City-State-Zip: MIAMI FL 33180

Title DIRECTOR
Name HELLMUND, CARLOS
Address 3585 NE 207TH STREET
City-State-Zip: MIAMI FL 33180

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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: VILAR , ALBERTO , JR.

DPCE

02/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	VARGAS , JOSE
Address	3585 NE 207TH STREET
City-State-Zip:	MIAMI FL 33180