


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90025 011 ***150.00

DOCUMENT # M00513	
1. Entity Name NATURAL LIFE CENTER & DRUGLESS THERAPY INSTITUTE, INC.	

Principal Place of Business 409-155T MIAMI BEACH, FL 33139 US	Mailing Address PO BOX 19-0388 MIAMI BEACH, FL 33119-0388 US
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40110490



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2408138	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RENGIFO, HAROLD 1864 N.W. FLAGLER TERRACE #1 MIAMI, FL 33125	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RENGIFO, HAROLD 1864 N.W. FLAGLER TERRACE #1 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RENGIFO, DORIS 1864 N.W. FLAGLER TERRACE #1 MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold Rengifo, President 7-10-08 305-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
672-4882

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2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**** The document number, business name and file date cannot be changed on the report. ****

Document Number M00513

Business Entity Name NATURAL LIFE CENTER & DRUGLESS THERAPY INSTITUTE, INC.

Original File Date 05/11/1984

FEI Number 59-2408138

Principal Address 409-15ST
MIAMI BEACH, FL 33139 US

Mailing Address PO BOX 19-0388
MIAMI BEACH, FL 331190388 US

Registered Agent RENGIFO, HAROLD
1864 N.W. FLAGLER TERRACE
#1
MIAMI, FL 33125

Officer/Director Name And Address

PTD
RENGIFO, HAROLD
1864 N.W. FLAGLER TERRACE #1
MIAMI, FL 33125

SD
RENGIFO, DORIS
1864 N.W. FLAGLER TERRACE #1
MIAMI, FL 33125

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above
information is correct and
you do not wish to make
any changes, please
select:

No Changes

If you need to make
changes to the above
information, please
select:

Make Changes

ATTACHMENT
40110490
NATURAL LIFE CENTER
AND DRUGLESS THERAPY
INSTITUTE, INC.
PO BOX 19-0388
MIAMI BEACH, FL 33119-0388

July 10, 2008

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Doc # M00513
Annual Report for 2008

Gentlemen:

This letter is to advise that the 2008 Annual Report was not sent on time because we did not receive prior notice.

We downloaded the form and checked the box that the prior notice was not received, which is attached.

Therefore, enclosed please find the 2008 Annual Report together with our check in the amount of \$150.00 made payable to Florida Department of State.

Should you have any questions, please do not hesitate to contact us.

Very truly yours,

NATURAL LIFE CENTER &
DRUGLESS THERAPY INSTITUTE, INC.


Harold Rengifo, President