

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M00513

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

409-15ST  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 19-0388  
MIAMI BEACH, FL 331190388 US

**New Mailing Address:**

**FEI Number:** 59-2408138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: RENGIFO, HAROLD  
Address: 1864 N.W. FLAGLER TERRACE #1  
City-St-Zip: MIAMI, FL 33125

Title: SD  
Name: RENGIFO, DORIS  
Address: 1864 N.W. FLAGLER TERRACE #1  
City-St-Zip: MIAMI, FL 33125

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: HAROLD RENGIFO

PRES

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date