2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008899

Address:

City-St-Zip:

HOLLYWOOD, FL 33027

Entity Name: RELIEF FOR LIFE FOUNDATION, INC.

Apr 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 350 LINCOLN RD., SUITE 412 MIAMI BCH, FL 33139 **Current Mailing Address: New Mailing Address:** 350 LINCOLN RD., SUITE 412 MIAMI BCH, FL 33139 FEI Number: 46-0509495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CURVELO, RONY 350 LINCOLN RD., SUITE 412 MIAMI BCH, FL 33139 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CURVELO, RONY Name: Name: Address: 350 LINCOLN RD., SUITE 412 Address: MIAMI BCH, FL 33139 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: MENDOCA, JOAO Name: CURVELO, MARLENE Address: 962 NW 8TH STREET Address: 9200 EAST BAY HARBOR DR. #8 City-St-Zip: MIAMI, FL 33136 City-St-Zip: MIAMI, FL 33154 Title: () Delete Title: (X) Change () Addition CURVELO, RONNIE VARGAS, AMPARO Name: Name: Address: 1135 101 ST., #1 Address: 670 EAST 6STREET City-St-Zip: BAY HARBOR ISLAND, FL 33154 City-St-Zip: HIALEAH, FL 33010 Title: () Delete Title: () Change () Addition LORA, JULIO Name: Name: 350 LINCOLN RD., SUITE 412 Address: Address: City-St-Zip: MIAMI BCH, FL 33139 City-St-Zip: Title: Title: () Delete () Change () Addition PINHEIRO, ANTONIO Name: Name: 3836 SW 165 AVE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RONY CURVELO PR 04/26/2004