

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000432

FILED
May 03, 2007
Secretary of State

Entity Name: L.I.F.O. MISSIONS GROUP, INC.

Current Principal Place of Business:

3520 VISTA COURT
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3520 VISTA COURT
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0500820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRAZIER, LINDA C
C/O ADORNO & YOSS LL
2525 PONCE DE LEON BOULEVARD
MIAMI, FL 333134 US

Name and Address of New Registered Agent:

FRAZIER, LINDA C
C/O CARLTON FIELDS, P.A.
100 S.E. SECOND STREET
MIAMI, FL 33131 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: LINDA C. FRAZIER

05/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/S () Delete
Name: FRAZIER, LINDA C
Address: 6901 EDGEWATER DRIVE, UNIT 323
City-St-Zip: CORAL GABLES, FL 33133

Title: D/T () Delete
Name: CAUCE, ALINA
Address: 1400 LINCOLN ROAD #303
City-St-Zip: MIAMI BEACH, FL 33239

Title: D/P () Delete
Name: CONSUEGRA, ALFRED L
Address: 1522 SW 118TH COURT
City-St-Zip: MIAMI, FL 33146

Title: D (X) Delete
Name: MALLO, NELSON
Address: 1218 ASTURIA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D/VP () Delete
Name: PEREZ, ALBERTO
Address: 3520 VISTA COURT
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: DESCHAPELLES, MICHEL
Address: 25 MINTON AVENUE
City-St-Zip: CHATHAM, NJ 07928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: FRAZIER, LINDA C
Address: 6901 EDGEWATER DRIVE, UNIT 323
City-St-Zip: CORAL GABLES, FL 33133

Title: D (X) Change () Addition
Name: CAUCE, ALINA
Address: 1400 LINCOLN ROAD #303
City-St-Zip: MIAMI BEACH, FL 33239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DESCHAPELLES, MICHEL
Address: 29 BAY HEIGHTS DRIVE
City-St-Zip: MIAMI, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: LINDA C. FRAZIER

S

05/03/2007

Electronic Signature of Signing Officer or Director

Date