

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000432

FILED
May 26, 2009
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 CARLTON FIELDS, P.A.
100 S.E. SECOND STREET
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

PEREZ, ALBERT
3520 VISTA COURT
MIAMI, FL 33133 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: /S/ ALBERT PEREZ

05/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: CAUCE, ALINA
Address: 76 NW 111 STREET
City-St-Zip: MIAMI, FL 33168

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

DST

05/26/2009

Electronic Signature of Signing Officer or Director

Date