

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90003 008 ****61.25

DOCUMENT # N03000007753					
1. Entity Name NU LIFE ENTERPRISES, INC.					
Principal Place of Business 3576 CHARLES AVE PEMBROKE PINES, FL 33133			Mailing Address 3576 CHARLES AVE PEMBROKE PINES, FL 33133		
54070043					
2. Principal Place of Business 3576 CHARLES AVE		3. Mailing Address 3576 CHARLES AVE			
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		07232004 Chg-NP CR2E037 (10/03)	
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip 33133		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOUNG, ROBERT 3576 CHARLES AVE PEMBROKE PINES, FL 33133			7. Name and Address of New Registered Agent Name: <u>Robert Young</u> Street Address (P.O. Box Number is Not Acceptable): <u>3576 CHARLES AVE</u> City: <u>MIAMI</u> FL <u>33133</u>		
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: <u>Robert A. Young</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>July 23, 2004</u>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, CALVIN 221 N JEFFERSON DR CORAL GABLES, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YOUNG, ROBERT 3576 CHARLES AVE PEMBROKE PINES, FL 33133	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEONARD, LEON 3601 FRANKLIN AVE MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Young 3576 CHARLES AVE MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Robert A. Young</u>		Date: <u>July 23, 2004</u> Daytime Phone #: <u>305/447-3881</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					