

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90047 020 ****61.25

DOCUMENT # N03000009940

1. Entity Name
ESSENCE OF LIFE - INTERNATIONAL, INC.



Principal Place of Business
**C/O SAFO, LLC
10800 BISCAYNE BLVD SUITE 950
MIAMI, FL 33161**

Mailing Address
**C/O SAFO, LLC
10800 BISCAYNE BLVD SUITE 950
MIAMI, FL 33161**

40127119



07172007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
03-0536387

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GLAZER, SHARI A**
STREET ADDRESS **10800 BISCAYNE BLVD 950**
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE **D** ☐ Delete
NAME **ARISON SUEIRAS, CASSIE M**
STREET ADDRESS **10800 BISCAYNE BLVD 950**
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE **D** ☒ Delete
NAME **ALLISON, JASON**
STREET ADDRESS **10900 BISCAYNE BLVD 980**
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE **D** ☒ Delete
NAME **WILSON, DAVID**
STREET ADDRESS **10800 BISCAYNE BLVD 950**
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Arison, Jason**
STREET ADDRESS **10800 Biscayne Blvd 950**
CITY-ST-ZIP **Miami, FL 33161**

TITLE **D** ☒ Change ☐ Addition
NAME **Arison, David**
STREET ADDRESS **10800 Biscayne Blvd 950**
CITY-ST-ZIP **Miami FL 33161**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-891-0017