## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N05000012210

Apr 20, 2009 Secretary of State

Entity Name: BEES FOR LIFE - WORLD APITHERAPY NETWORK, INC. **Current Principal Place of Business: New Principal Place of Business:** 9051 SW 41 STREET MIAMI, FL 331655374 US **Current Mailing Address: New Mailing Address:** P.O. BOX 650707 MIAMI, FL 332650707 US FEI Number: 20-3703789 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: ASIS, MOISES 9051 SW 41 STREET MIAMI, FL 331655374 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DMS () Delete () Change () Addition ASIS, MOISES Name: Name: 9051 SW 41 ST Address: Address: City-St-Zip: MIAMI, FL 331655374 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition PEREZ, PEDRO Name: PEREZ, PEDRO Name: Address: CALLE SILO NO.1. ALCALA DE HENARES Address: CALLE SILO NO.1. ALCALA DE HENARES City-St-Zip: ALCALA DE HENARE, SPAIN, ES 28807 ES City-St-Zip: ALCALA DE HENARES, SPAIN, ES 28807 ES Title: () Delete Title: () Change () Addition COUTO, ANTONIO Name: Name: CALCADA RIBEIRO SANTOS, 37-1 Address: Address: City-St-Zip: LISBON, PORTUGAL, PT 1200-789 PT City-St-Zip: (X) Change ( ) Addition Title: ( ) Delete Title: Name: STANGACIU, STEFAN Name: STANGACIU, STEFAN Address: P.O. BPX 16-164, SECTOR 6 Address: P.O. BOX 16-164, SECTOR 6 City-St-Zip: BUCURESTI, ROMANIA, RO 06251 RO City-St-Zip: BUCURESTI, ROMANIA, RO 06251 RO Title: () Delete Title: () Change () Addition ASIS, TERESA Name: Name: 9051 SW 41 ST Address: Address: City-St-Zip: MIAMI, FL 331655374 US 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: MOISES ASIS DMS 04/20/2009