

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90230 008 \*\*\*\*70.00

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # N07000007481</b><br>1. Entity Name<br><b>LIFE SKILLS MIAMI INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>4131 NW 23RD AVE.<br/>MIAMI, FL 33142</b>  |  |   | Mailing Address<br><b>4131 NW 23RD AVE.<br/>MIAMI, FL 33142</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>553 NE 75th St.</b>   |  | 3. Mailing Address<br><b>553 NE 75th St</b>   |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |  |  |
| City & State<br><b>Miami, FL</b>   |  | City & State<br><b>Miami, FL</b>  |   | 4. FEI Number<br><b>61-1535465</b>     |  |
| Zip<br><b>33138</b>  |  | Country<br><b>USA</b>   |   | Applied For<br>Not Applicable          |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>   |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LAZENBY, KENYONA<br/>4131 NW 23RD AVE.<br/>MIAMI, FL 33142</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Keyona Lazenby</b><br>Street Address (P.O. Box Number Is Not Acceptable)<br><b>553 NE 75th St</b><br>City <b>Miami</b> <b>FL</b> Zip Code <b>33138</b> |  |  |
| 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.<br><br>SIGNATURE <u><i>Keyona Lazenby</i></u> <span style="float: right;">4/30/08</span><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b> |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>ED<br/>LAZENBY, KENYONA<br/>4131 NW 23RD AVE.<br/>MIAMI, FL 33142</b> | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D<br/>PHILLIPS, MELVINA<br/>4131 NW 23RD AVE.<br/>MIAMI, FL 33142</b> | <input checked="" type="checkbox"/> Delete  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>D<br/>FORESTER, DAVID<br/>4131 NW 23RD AVE.<br/>MIAMI, FL 33142</b>   | <input type="checkbox"/> Delete   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |   |   |  |  |
| <b>SIGNATURE:</b> <u><i>Keyona Lazenby</i></u> <b>Keyona Lazenby</b> <span style="float: right;">4/30/08 305.910.5697</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |  |  |