


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N19618</b><br>1. Entity Name<br><b>LIFE AWARENESS, INC.</b> |  |
|---|---|



|   |   |
|---|---|
| Principal Place of Business<br><b>13890 N.E. 5TH AVENUE<br/>NORTH MIAMI FL 33161-3717</b> | Mailing Address<br><b>13890 N.E. 5TH AVENUE<br/>NORTH MIAMI FL 33161-3717</b> |
|---|---|

|                                |                     |   |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 3. Mailing Address  |   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 1st MOORE CR2E037 (10/04)   |
| City & State                   | City & State        | 4. FEI Number <b>65-0030926</b> <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| Zip                            | Country             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                 |

**6. Name and Address of Current Registered Agent**

**ROBBINS, MARY F.  
13890 NE 5TH AVE.  
MIAMI FL 33161**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|--|

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME  | <input type="checkbox"/> Delete |
|-------|---|---------------------------------|
| PD    | JOHNSON, ROBERT L.<br>990 N.E. 94TH STREET<br>MIAMI SHORES FL | <input type="checkbox"/>        |
| STD   | ROBBINS, MARY F.<br>13890 N.E. 5TH AVENUE<br>NORTH MIAMI FL   | <input type="checkbox"/>        |
| D     | COLLAZO, GABRIEL<br>550 N.W. 51ST AVENUE<br>MIAMI FL          | <input type="checkbox"/>        |
| D     | GASCHE, MARY<br>1297 N.E. 103RD STREET<br>MIAMI SHORES FL     | <input type="checkbox"/>        |
| VD    | JESSELSON, MARTHA<br>210-187TH STREET<br>MIAMI BEACH FL       | <input type="checkbox"/>        |
|       |   | <input type="checkbox"/>        |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| TITLE | NAME                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|--|---|
|       | U00000339430<br>04/28/05-80074-006 61.25 | <input type="checkbox"/>  |
|       |  | <input type="checkbox"/>  |
|       |  | <input type="checkbox"/>  |
|       |  | <input type="checkbox"/>  |
|       |  | <input type="checkbox"/>  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Mary F. Robbins MARY F. ROBBINS 4/25/05 (305) 751-4841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #