

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # N19618**

1. Entity Name

LIFE AWARENESS, INC.

Principal Place of Business

13890 N.E. 5TH AVENUE  
 NORTH MIAMI FL 33161-3717

Mailing Address

13890 N.E. 5TH AVENUE  
 NORTH MIAMI FL 33161-3717

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

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0030926

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	JOHNSON, ROBERT L.	990 N.E. 94TH STREET	MIAMI SHORES FL	<input type="checkbox"/>
STD	ROBBINS, MARY F.	13890 N.E. 5TH AVENUE	NORTH MIAMI FL	<input type="checkbox"/>
D	COLLAZO, GABRIEL	550 N.W. 51ST AVENUE	MIAMI FL	<input type="checkbox"/>
D	GASCHE, MARY	1297 N.E. 103RD STREET	MIAMI SHORES FL	<input type="checkbox"/>
VD	JESSELSON, MARTHA	210-187TH STREET	MIAMI BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

U00000712390  
 04/26/07-80045-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mary F. Robbins - Mary F. Robbins* 4/12/07 (305) 467-2322