

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19618

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: LIFE AWARENESS, INC.

## Current Principal Place of Business:

13890 N.E. 5TH AVENUE  
NORTH MIAMI, FL 331613717

## New Principal Place of Business:

300 NW 157 STREET  
MIAMI, FL 33169

## Current Mailing Address:

13890 N.E. 5TH AVENUE  
NORTH MIAMI, FL 331613717

## New Mailing Address:

300 NW 157 STREET  
MIAMI, FL 33169

FEI Number: 65-0030926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ROBBINS, MARY F.  
300 NW 157 STREET.  
MIAMI, FL 33169 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:

03/26/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JOHNSON, ROBERT L.,  
Address: 990 N.E. 94TH STREET  
City-St-Zip: MIAMI SHORES, FL

Title: STD ( ) Delete  
Name: ROBBINS, MARY F.,  
Address: 13890 N.E. 5TH AVENUE  
City-St-Zip: NORTH MIAMI, FL

Title: D ( ) Delete  
Name: COLLAZO, GABRIEL,  
Address: 550 N.W. 51ST AVENUE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: GASCHE, MARY,  
Address: 1297 N.E. 103RD STREET  
City-St-Zip: MIAMI SHORES, FL

Title: VD ( ) Delete  
Name: JESSELSON, MARTHA,  
Address: 210-187TH STREET  
City-St-Zip: MIAMI BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: ROBBINS, MARY F.,  
Address: 300 NW 157 STREET  
City-St-Zip: MIAMI, FL 33169

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MARY F. ROBBINS

SECY

03/26/2009

Electronic Signature of Signing Officer or Director

Date