

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90389 034 ****75.00

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1. Entity Name
PHASES OF LIFE INC.



Principal Place of Business
**1211 N.W. 102 STREET
MIAMI, FL 33147 US**

Mailing Address
**P O BOX 681192
MIAMI, FL 33168-1192 US**



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

04142008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0453502

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEFLORE, TERESA D
1211 NW 102ND STREET
MIAMI, FL 33147**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **MD** ☐ Delete
NAME **LEFLORE, TERESA D**
STREET ADDRESS **1211 N.W. 102 STREET**
CITY-ST-ZIP **MIAMI, FL**

TITLE **S** ☐ Delete
NAME **WILLIS, CHRYSTEL P**
STREET ADDRESS **18312 NW 68 AVE #J**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **C** ☐ Delete
NAME **STORR, HAROLYNN L**
STREET ADDRESS **12425 NW 20TH COURT**
CITY-ST-ZIP **MIAMI, FL 33167**

TITLE **T** ☐ Delete
NAME **WILLIS, RONALD**
STREET ADDRESS **3370 NW 198TH TERRACE**
CITY-ST-ZIP **MIAMI, FL 33056**

TITLE **D** ☐ Delete
NAME **FORD, KIMBERLY C**
STREET ADDRESS **22 S.W. 5TH AVENUE**
CITY-ST-ZIP **DANIA, FL 33004**

TITLE **VC** ☐ Delete
NAME **ALEXANDRE, ELLAR P**
STREET ADDRESS **3725 NW 202ND STREET**
CITY-ST-ZIP **MIAMI, FL 33055**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VC** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Teresa D. LeFlores / **TERESA D. LeFlores** 04/22/08 (305) 237-1717