

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003421

FILED
Jul 05, 2005
Secretary of State

Entity Name: EMPOWERED LIVING, INC.

Current Principal Place of Business:

2420 SW 27TH AVE
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

460 SUNSET ROAD
CORAL GABLES, FL 33143 US

New Mailing Address:

FEI Number: 65-0298192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LANDSBERG, DIANE
460 SUNSET ROAD
CORAL GABLES, FL 33143 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREEN, RANDALL M DR.
Address: 1970 SEAGRAPE AVENUE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: KEDEM, ARI DR.
Address: 1047 ASTURIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BASINGER, LOUIS DR.
Address: 7700 S.W. 131 AVENUE
City-St-Zip: MIAMI, FL 33183

Title: V () Delete
Name: LANDSBERG, DIANE
Address: 2420 SW 27TH AVE
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), 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: DIANE LANDSBERG

V

07/05/2005

Electronic Signature of Signing Officer or Director

Date