2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000658

FILED Jan 31, 2005 Secretary of State

Entity Name: ARRIBA LA VIDA/UP WITH LIFE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

ONE S.E. THIRD AVENUE 6770 SW 101 STREET **SUITE 2400** PINECREST, FL 33156

MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

ONE S.E. THIRD AVENUE 6770 SW 101 STREET

SUITE 2400 PINECREST, FL 33156 MIAMI, FL 33131

FEI Number: 65-0724678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AVILA, JUAN M AVILA, JUAN M 6770 ŚW 101 STREET 64 PALM AVE MIAMI, FL 33139 US PINECREST, FL 33156 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: 01/31/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

AVILA, JUAN MARCOS AVILA, JUAN MARCOS Name: Name: 64 PALM AVE Address: 6770 SW 101 STREET Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: PINECREST, FL 33156

Title: VSD () Delete Title: (X) Change () Addition

SARALEGUI, CRISTINA Name: SARALEGUI, CRISTINA Name: Address: 64 PALM AVE Address: 6770 SW 101 STREET City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: PINECREST, FL 33156

Title: () Delete Title: (X) Change () Addition

SARALEGUI, IGNACIO SARALEGUI, IGNACIO Name: Name: Address: 64 PALM AVE Address: 6770 SW 101 STREET City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: PINECREST, FL 33156

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: IGNACIO SARALEGUI T/D 01/31/2005