

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003784

FILED
Feb 24, 2005
Secretary of State

Entity Name: CIRCLE OF LIFE RESOURCE CENTER, INC.

Current Principal Place of Business:

2056 NE 155TH STREET
N. MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

4233 SEHRIDAN AVE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0987698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ASH, HOWARD
4233 SHERIDAN AVE
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: P () Delete
Name: ASH, HOWARD
Address: 4233 SHERIDAN AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: BRASS, ROBERT
Address: 4233 SHERIDAN AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: KARL, ROBERT MD
Address: 4233 SHERIDAN AVE
City-St-Zip: MIAMI BEACH, FL 33140

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:

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: HOWARD ASH

P

02/24/2005

Electronic Signature of Signing Officer or Director

Date