## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P00000041461

Entity Name: BEAT OF LIFE HEALTH SYSTEM INC.

FILED Sep 10, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9600 S.W. 8TH ST. #35 MIAMI, FL 33174

Current Mailing Address: New Mailing Address:

9600 S.W. 8TH ST. #35 MIAMI, FL 33174

FEI Number: 65-1001227 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PEREZ, MARIA E PD 9600 S.W. 8TH ST. 9600 S.W. 8TH ST. #35 #35 MIAMI, FL 33174 US AZOY, MARIA D CARMEN 9600 S.W. 8TH ST. #35

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

in the State of Florida.

SIGNATURE: MARIA DEL CARMEN AZOY 09/10/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition PEREZ, MARIA E AZOY, MARIA D CARMEN Name: Name: 9600 S.W. 8TH ST. #35 14932 S.W. 32ND TERRACE Address: Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip: MIAMI, FL 33185

Title: P ( ) Delete Title: VPST (X) Change ( ) Addition Name: MARIA DEL CARMEN AZO, Y Name: RODRIGUEZ, LEIDY

Address: 14943 SW 32ND TERRACE Address: 14943 S.W. 32ND TERRACE
City-St-Zip: MIAMI, FL 33185 City-St-Zip: MIAMI, FL 33185

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

 Name:
 RODRIQUEZ, LÉIDY
 Name:

 Address:
 14943 SW 32ND TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33185
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA DEL CARMEN AZOY P 09/10/2007