

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

DOCUMENT # P00000056676

1. Entity Name
FIGHT FOR LIFE, INC.



03-01-2004 90072 001 ***150.00
03-01-2004 90072 002 *****8.75

Principal Place of Business
700 NW 11TH PLACE
STE #3
MIAMI, FL 33172

Mailing Address
PO BOX 227638
MIAMI, FL 33122

00101001

2. Principal Place of Business

10720 West Flagler St
Suite, Apt. #, etc.
21

3. Mailing Address

10720 West Flagler St
Suite, Apt. #, etc.
21

City & State

Miami FL

City & State

Miami FL

Zip

33174

Country

Zip

33174

Country

01132004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0435109

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, IRIS
700 NW 11TH PLACE STE #3
SEMINOLE, FL 33772

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA, IRIS
STREET ADDRESS 6525 W. 24TH AVE., STE. 104
CITY-ST-ZIP HIALEAH, FL 33016

TITLE VD
NAME GARCIA, MICHAEL
STREET ADDRESS 6525 W. 24TH AVE., STE. 104
CITY-ST-ZIP HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

Iris Garcia

1-14-04

305-485-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #