2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000056676

1. Entity Name
FIGHT FOR LIFE, INC.

Principal Place of Business	Mailing Address
10720 WEST FLAGLER ST STE 21 MIAMI, FL 33174	10720 WEST FLAGLER ST STE 21 MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE

66007048

02132006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0435109	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, IRIS
10720 W FLAGLER ST
#21
SWEETWATER, FL 33174

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IN THIS SPACE

8. 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 _Iris C. Garcia_   3/14/06

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, 2006 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	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: _Iris C. Garcia_   Iris C Garcia   3/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

305 485-7700