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Mar 25, 2004 8:00 am
Secretary of State
03-25-2004 90032 031 ***150.00

94036320

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000019695

1. Entity Name
THE GOOD EARTH LIFE, INC.

Principal Place of Business
25815 SW 177TH AVE
HOMESTEAD, FL 33031

Mailing Address
716 HUDSON STREET
HOBOKEN, NJ 07030

01162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 56 BAY DRIVE
Suite, Apt. #, etc.: KEYWEST FLA
City & State
Zip: 33040 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-1115878 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CLEMENT, DWAYNE
2726 RENEGADE DR #210
KEY WEST, FL 33040

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6404 POMEROY CIRCLE
City: ORLANDO FL Zip Code: 32810

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
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	VP	☐ Delete
NAME	HERNANDEZ, EUGENE	
STREET ADDRESS	716 HUDSON STREET	
CITY-ST-ZIP	HOBOKEN, NJ 07030	
TITLE	DPS	☐ Delete
NAME	ANATOL, ELLIS	
STREET ADDRESS	9 SPRUCE ST	
CITY-ST-ZIP	JERSEY CITY, NJ 07306	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 like empowered.

SIGNATURE: (ELLIS ANATOL) 3/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #