

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029421

FILED
Apr 05, 2004
Secretary of State

Entity Name: NEW LIFE WEIGHT LOSS CENTER, INC.

Current Principal Place of Business:

1680 S.W. BAYSHORE BLVD.
#104
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

1680 S.W. BAYSHORE BLVD.
#104
PORT SAINT LUCIE, FL 34984

New Mailing Address:

FEI Number: 59-3706135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SCHNEIDDER, BRIAN A
Address: 1680 SW BAYSHORE BLVD.,#104
City-St-Zip: PORT ST.LUCIE, FL 34984

Title: SVD () Delete
Name: STIFEL, JUDITH L
Address: 1680 SW BAYSHORE BLVD.#104
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: LARSEN, BEVERLEY P
Address: 1680 SW BAYSHORE BLVD.#104
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SCHNEIDER, BRIAN A
Address: 1680 SW BAYSHORE BLVD.,#104
City-St-Zip: PORT ST.LUCIE, FL 34984

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN SCHNEIDER

PTD

04/05/2004

Electronic Signature of Signing Officer or Director

Date