

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 OCT 26 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10162004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000055045</b> 1. Entity Name <b>GOOD HEALTH AND LIFE INC.</b>					
Principal Place of Business <b>5260 SW 5TH ST MIAMI, FL 33134</b>			Mailing Address <b>5260 SW 5TH ST MIAMI, FL 33134</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1109384</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>OCAMPO, NOHORA Y</b> <b>5260 SW 5TH ST</b> <b>MIAMI, FL 33134</b>				Name <b>Eloina Estevez</b> Street Address (P.O. Box Number is Not Acceptable) <b>5260 SW 5th Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33134</b>	
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 <u><i>Eloina Estevez</i></u> <b>Eloina Estevez</b> <b>October 16, 2004</b> <small>Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>OCAMPO, NOHORA Y</b> <b>5260 SW 5TH ST</b> <b>MIAMI, FL 33134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100042184741</b> <b>10/26/04--01038--002 **\$61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>ESTEVEZ, ELOINA</b> <b>5260 SW 5TH ST</b> <b>MIAMI, FL 33134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Eloina Estevez</b> <b>5260 S.W. 5th Street</b> <b>Miami, FL 33134</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.					
<b>SIGNATURE:</b> <u><i>Eloina Estevez</i></u> <b>Eloina Estevez</b> <b>10/16/04</b> <b>(305)774-1397</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					