


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90040 039 \*\*\*150.00

DOCUMENT # P01000087830	
1. Entity Name Life Choice USA, Inc.	

**DO NOT WRITE IN THIS SPACE**

**54015712**

2. Principal Place of Business 18495 S.Dixie HWY		3. Mailing Address 18495 S.Dixie HWY	
Suite, Apt. #, etc. # 261		Suite, Apt. #, etc. # 261	
City & State Miami, FL		City & State Miami, FL	
Zip 33157-6817	Country Miami-Dade	Zip 33157-6817	Country Miami-Dade
4. FEI Number 65-11369914		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name Ernest Morera	
	Street Address (P.O. Box Number is Not Acceptable) 18495 S.Dixie HWY # 261	
	City Miami,	FL Zip Code 33157-6817

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  Ernest Morera / Registered Agent March 04, 2004

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Morera, Ernest 18495 S.Dixie HWY # 261 Miami, FL 33157-6817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Torres, Evelyn 18495 S.Dixie HWY # 261 Miami, FL 33157-6817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Ernest Morera / President March 04, 04 1 800 297 8511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #