

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

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000105096					
1. Entity Name REL-CON-LIFE, INC.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3300 Northeast 36 Street			3. Mailing Address the same		
Suite, Apt. #, etc. Suite 1405			Suite, Apt. #, etc.		
City & State Fort Lauderdale, Florida			City & State		
Zip 33308		Country		4. FEI Number 65-1150412	
				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
7. Name and Address of Current Registered Agent					
Name SPIEGEL & UTRERA, P.A.					
Street Address (P.O. Box Number is Not Acceptable)					
1840 Southwest 22 Street, 4th Floor					
City Miami				FL Zip Code 33145	
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 _____ (NOTE: Registered Agent signature required when rechartering) _____ DATE _____					
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	PVSTD Mazzeo, Frank J 3300 NE 36 St, #1405, Ft. Lauderdale, FL 33308		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000426550 02/20/06-80046-024 150.00	
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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: <i>Frank J. Mazzeo</i>			Frank J. Mazzeo <i>2/7/06</i> <i>954 567-3902</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

CR-2034B (12/02)