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Secretary of State
07-09-2004 90005 035 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000004634

1. Entity Name
BREATH OF LIFE MATERNITY INC.

54068916

07042004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
978 79TH TERRACE MIAMI BEACH, FL 33141	978 79TH TERRACE MIAMI BEACH, FL 33141
2. Principal Place of Business: 1635 NE 160 ST	3. Mailing Address: 1635 NE 160 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami Beach, FL	City & State: North Miami Beach, FL
Zip: 33162 Country: USA	Zip: 33162 Country: USA

4. FEI Number: 80-0010412 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LAMPKIN-PIAGETTI, ERIKA D
978 79TH TERRACE
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name: Erika D Lampkin, Piagetti
Street Address (P.O. Box Number is Not Acceptable): 1635 NE 160 ST
City: North Miami Beach, FL Zip Code: 33162

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] ERIKA L. PIAGETTI 7/4/04
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. — **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPTS	TITLE	DPTS
NAME	LAMPKIN-PIAGETTI, ERIKA D	NAME	ERIKA D. LAMPKIN-PIAGETTI
STREET ADDRESS	978 79TH TERRACE	STREET ADDRESS	1635 NE 160 ST
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	North Miami Beach, FL 33162
☐ Delete		☒ Change ☐ Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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☐ Delete		☐ Change ☐ Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] ERIKA L. PIAGETTI 7/4/04 (305)343-7688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 5420609/16

To Whom It May Concern:
Dept of Corporations
RE: Annual Report

This letter is to inform the department that an initial notice of renewal for my company was not received. We have recently had a new baby and have moved. Due to all these factors, I forgot to renew on time and am asking to be waived the $400.00 late fee. Barbara from your customer service dept. told us to send this letter along with our annual report renewal. Therefore, enclosed is the report form with the necessary changes and the $150.00 filing fee.

Thank you for your mercy and generosity in this matter.

Sincerely

Erika Lampkin-Piagetti
Breath of Life Maternity
Document # P02000004634