

FILED
Jul 09, 2004 8:00 am
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.

Principal Place of Business
978 79TH TERRACE
MIAMI BEACH, FL 33141

Mailing Address
978 79TH TERRACE
MIAMI BEACH, FL 33141

2. Principal Place of Business
1635 NE 160 ST
Suite, Apt. #, etc.

3. Mailing Address
1635 NE 160 ST
Suite, Apt. #, etc.

City & State
North Miami Beach, FL
Zip
33162
Country
USA

City & State
North Miami Beach, FL
Zip
33162
Country
USA

07042004 Chg-P CR2E034 (10/03)

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
ERIKA L. PIAGETTI

ERIKA L. PIAGETTI

7/4/04

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DPTS	LAMPKIN-PIAGETTI, ERIKA D	978 79TH TERRACE	MIAMI BEACH, FL 33141	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	CHANGE	ADDITION
DPTS	ERIKA D. LAMPKIN-PIAGETTI	1635 NE 160 ST	North Miami Beach, FL 33162	☐	☒	☐
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐</td> <td>☐</td> <td>☐</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐	☐	☐
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐</td> <td>☐</td> <td>☐</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐	☐	☐
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐</td> <td>☐</td> <td>☐</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐	☐	☐
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐</td> <td>☐</td> <td>☐</td>	NAME	STREET ADDRESS	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

ERIKA L. PIAGETTI

7/4/04 (305)343-7688

Attachment

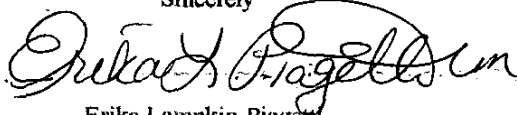
54060916

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