


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000045689 1. Entity Name HIGH LIFE INVESTMENT, CORP.	
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Principal Place of Business 2793 S STEWART ST KISSIMMEE, FL 34746	Mailing Address 2793 S STEWART ST KISSIMMEE, FL 34746
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MALAVET, ANA V 2793 S STEWART ST KISSIMMEE, FL 34746	<div style="border: 1px solid black; padding: 20px; text-align: center;"> <h2>DO NOT WRITE IN THIS SPACE</h2> </div>
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MALAVET, ANA V 2793 S STEWART ST KISSIMMEE, FL 34746
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500055188605
05/24/05--01041--015 **150.00

DO NOT WRITE IN THIS SPACE

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: President May 3, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APPROVED
AND
FILED

05 MAY 11 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05042005 No Chg-P CR2E034 (10/03) *MRS*

4. FEI Number 01-0669135	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**