

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90697 034 \*\*\*150.00

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| <b>DOCUMENT # P02000061683</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                                                                                                                                                                |                                                                              |
| <b>1. Entity Name</b><br>SEED OF LIFE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                                                                                                                                |                                                                              |
| <b>Principal Place of Business</b><br>3310 PONCE DE LEON BLVD.<br>SUITE 260<br>MIAMI, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | <b>Mailing Address</b><br>445 SW 11 ST STE 102<br>MIAMI, FL 33130                                                                                                                              |                                                                              |
| <b>2. Principal Place of Business</b><br>5100 WASHINGTON ST<br>Suite, Apt. #, etc. SUITE 512<br>City & State HOLLYWOOD, FL<br>Zip 33021 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              | <b>3. Mailing Address</b><br>5100 WASHINGTON ST<br>Suite, Apt. #, etc. SUITE 512<br>City & State HOLLYWOOD, FL<br>Zip 33021 Country                                                            |                                                                              |
| <b>4. FEI Number</b><br>75-3067008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                         |                                                                              |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                          |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br>LOAIZA, YAMILETH<br>3310 PONCE DE LEON BLVD.<br>SUITE 260<br>MIAMI, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable)<br>5100 WASHINGTON ST,<br>SUITE 512<br>City HOLLYWOOD FL Zip Code 33021 |                                                                              |
| <b>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.</b><br>SIGNATURE:<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                    |                                                                              |                                                                                                                                                                                                |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                  |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PD<br>LOAIZA, YAMILETH<br>3310 PONCE DE LEON BLVD.<br>CORAL GABLES, FL 33134 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | 5100 WASHINGTON ST, SUITE 512<br>HOLLYWOOD-FL 33021                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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, 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.</b> |                                                                              |                                                                                                                                                                                                |                                                                              |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              | 4-26-04 786-285-7511<br><small>Date Daytime Phone #</small>                                                                                                                                    |                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                                                                                                                                                                                |                                                                              |