


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # <b>PO2000108374</b>	
1. Entity Name <b>Cytelife, Inc.</b>	

FILED  
08 JAN 25 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 04-08**

2. Principal Place of Business <b>3900 NW 7th Ave</b> Suite, Apt. #, etc. <b>Suite 459-A</b> City & State <b>Miami FL</b> Zip <b>33140</b> Country <b>US</b>	3. Mailing Address <b>3900 NW 7th Ave</b> Suite, Apt. #, etc. <b>Suite 459-A</b> City & State <b>Miami FL</b> Zip <b>33140</b> Country <b>US</b>	4. FEI Number <b>02-2382887</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		Chg-P CR2E034 (11/05)	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent Name <b>Jennifer Jimenez</b> Street Address (P.O. Box Number is Not Acceptable) <b>11092 NW 44 terrace</b> City <b>Miami</b> FL Zip Code <b>33178</b>
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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 \_\_\_\_\_ DATE **1/11/08**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Dumberto Rosales</b> <b>5071 W 10 Ave</b> <b>Miami FL 33012</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Jennifer Jimenez</b> <b>11092 NW 44 terrace</b> <b>Miami FL 33178</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Luis Quintana</b> <b>12748 NW 102 St</b> <b>Miami FL 33018</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>200117554002</b> <b>02/08/08-01005-004</b> <b>**750.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/11/08** DAYTIME PHONE # \_\_\_\_\_

CYTELIFE, INC.  
3900 NW 79 AVE  
SUITE 459-A  
MIAMI, FL 33166

January 11, 2008

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice reminding me of the Uniform Business Report of my company Cytelife, Inc. with Document # P02000108374. Along with this letter you will find a check in the amount of \$750.00 and my Uniform Business Report for the years of 2004 - 2008.

If you need further assistance please feel free to contact us. Thank you in advance for your help.

Sincerely,



Jennifer Jimenez

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CYTELIFE, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P02000108374

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMON REYES

(Name of Person)

(Name of Firm/Company)

5035 PALM AVE

(Address)

HIALEAH, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

RAMON REYES

(Name of Person)

at ( 305 ) 822-0669

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314