

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000032595**



1. Entity Name

LIVE BETTER NOW HYPNOSIS, INC.

Principal Place of Business

6191 ORANGE DRIVE  
SUITE 6167-I  
DAVIE FL 33314  
US

Mailing Address

6191 ORANGE DRIVE  
SUITE 6167-I  
DAVIE FL 33314  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **14-1875844**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ADELMAN, ROBERT  
3826 S.W. 50TH STREET  
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME ADELMAN, ROBERT  
STREET ADDRESS 3826 SW 50 STREET  
CITY- ST- ZIP FT. LAUDERDALE FL 33312

TITLE ☐ Delete  
NAME ADELMAN, ROBERT  
STREET ADDRESS 3826 S.W. 50TH STREET  
CITY- ST- ZIP FT. LAUDERDALE FL 33312

TITLE ☐ Delete  
NAME ADELMAN, ROBERT  
STREET ADDRESS 3826 S.W. 50TH ST  
CITY- ST- ZIP FT. LAUDERDALE FL 33312

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
000000665306  
03/23/07-80024-002 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert Adelman* PRES. ROBERT ADELMAN 3-12-07 954-668-1031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #