

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063172

Entity Name: LIFE COLORS INC.

FILED  
Jun 29, 2004  
Secretary of State

## Current Principal Place of Business:

10501 NW 43 STREET  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

## Current Mailing Address:

10501 NW 43 STREET  
CORAL SPRINGS, FL 33065

## New Mailing Address:

FEI Number: 20-0039916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE SOUZA, ALBA  
10501 NW 43 STREET  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition  
Name: SEGOVIA, WILLIAM  
Address: 10501 NW 43TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPD ( ) Change (X) Addition  
Name: DE SOUZA, ALBA  
Address: 10501 NW 43TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SEGOVIA

PD

06/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date