2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Apr 23, 2004 8:00 am Secretary of State DOCUMENT # P03000068774 04-09-2004 90064 029 ***150.00 1. Entity Name GENERALIFE, INC. Mailing Address Principal Place of Business 2121 COUNTRY CLUB PRADO CORAL GABLES FL 33134 2121 COUNTRY CLUB PRADO CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GRILLONE, CARLOS** Street Address (P.O. Box Number is Not Acceptable) 2121 COUNTRY CLUB PRADO CORAL GABLES FL 33134 City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TIRE ☐ Deléte TITLE ☐ Change MALLE G GRILLONE, CARLOS NAME STREET ADDRESS 2121 COUNTRY CLUB PRADO STREET ACCRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP VD ☐ Detete TIT) F Change TITLE ☐ Addition GRILLONE, YAMILA NAME NAME STREET ADDRESS 2121 COUNTRY CLUB PRADO STREET ADDRESS CHY-ST-ZIP CORAL GABLES FL 33134 CITY-\$1-2(P ☐ Delete Change mle TITLE GRILLONE, MICHELLE V NAME NAME 2121 COUNTRY CLUB PRADO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental changed, or or

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