2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068934

Entity Name: ONELIFE FOR HEALTH FOODS INDUSTRIES, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6470 MAIN STREET BLDG. 7 UNIT 207 6460 MAIN STREET BLDG. 5 UNIT 212 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 **Current Mailing Address: New Mailing Address:** 6470 MAIN STREET BLDG. 7 UNIT 207 6460 MAIN STREET BLDG. 5 UNIT 212 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 FEI Number: 20-0057515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MENDOZA, HILARION MENDOZA, HILARION L DR 6470 MAIN STREET BLDG. 7 UNIT 207 6460 MAIN STREET BLDG. 5 UNIT 212 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014

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: DR.HILARION L.MENDOZA 04/28/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SARMIENTO, SANTOS SARMIENTO, SANTOS S ENG, R. Name: Name: 6470 MAIN STREET BLDG. 7 UNIT 207 6470 MAIN STREET BLDG. 7 UNIT 207 Address: Address: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: Title: () Change (X) Addition Title: () Delete Name: Name: MENDOZA, HILARION L PHD.MBA 6460 MAIN STREET BLDG.5 UNIT 212 Address: Address: MIAMI LAKES, FL 33014 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition BOLANOS, JESSE O ENG'R. Name: Name: 6210 TIMMY COURT Address Address: City-St-Zip: City-St-Zip: LOUISVILLE, KENTUCKY, K 40219 Title: () Delete Title: () Change (X) Addition RIOFLORIDO, GINA H RPH Name: Name: Address: Address: 6460 MAIN STREET ,BLDG 5 UNIT 212 City-St-Zip: City-St-Zip: MIAMI LAKES, FL 33014 Title: Title: () Change (X) Addition () Delete ALPAY, CARLITO E PME Name: Name: Address: Address: 6460 MAIN STREET. BLDG 5 UNIT 212 City-St-Zip: City-St-Zip: MIAMI LAKES, FL 33014 Title: () Delete Title: () Change (X) Addition APOLINARIO, JOJIE J PME Name: Name: 6460 MAIN STREET, BLDG 5 UNIT 212 Address: Address: City-St-Zip: City-St-Zip: MIAMI LAKES, FL 33014

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: DR.HILARION L. MENDOZA, PHD. **PRES** 04/28/2004