

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068934

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: ONELIFE FOR HEALTH FOODS INDUSTRIES, INC.

## Current Principal Place of Business:

6460 MAIN STREET BLDG. 5 UNIT 212  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

7640 WESTWOOD DRIVE  
UNIT 417  
TAMARAC, FL 33321

## Current Mailing Address:

6460 MAIN STREET BLDG. 5 UNIT 212  
MIAMI LAKES, FL 33014

## New Mailing Address:

7640 WESTWOOD DRIVE  
UNIT 417  
TAMARAC, FL 33321

FEI Number: 20-0057515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENDOZA, HILARION L DR.  
6460 MAIN STREET BLDG. 5 UNIT 212  
MIAMI LAKES, FL 33014 US

## Name and Address of New Registered Agent:

MENDOZA, HILARION L DR.  
7640 WESTWOOD DRIVE ,  
UNIT 417  
TAMARAC, FL 33321 US

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:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: SARMIENTO, SANTOS S ENG,R.  
Address: 6470 MAIN STREET BLDG. 7 UNIT 207  
City-St-Zip: MIAMI LAKES, FL 33014

Title: DIR ( ) Delete  
Name: MENDOZA, HILARION L PHD,MBA  
Address: 6460 MAIN STREET BLDG.5 UNIT 212  
City-St-Zip: MIAMI LAKES, FL 33014

Title: O ( ) Delete  
Name: BOLANOS, JESSE O ENG'R.  
Address: 6210 TIMMY COURT  
City-St-Zip: LOUISVILLE,KENTUCKY, K 40219

Title: DIR ( ) Delete  
Name: RIOFLORIDO, GINA H RPH  
Address: 6460 MAIN STREET ,BLDG 5 UNIT 212  
City-St-Zip: MIAMI LAKES, FL 33014

Title: O ( ) Delete  
Name: ALPAY, CARLITO E PME  
Address: 6460 MAIN STREET, BLDG 5 UNIT 212  
City-St-Zip: MIAMI LAKES, FL 33014

Title: O ( ) Delete  
Name: APOLINARIO, JOJIE J PME  
Address: 6460 MAIN STREET, BLDG 5 UNIT 212  
City-St-Zip: MIAMI LAKES, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: MENDOZA, HILARION L PHD,MBA  
Address: 7640 WESTWOOD DRIVE ,417  
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: RIOFLORIDO, GINA H RPH  
Address: 7640 WESTWOOD DRIVE ,417  
City-St-Zip: TAMARAC, FL 33321

Title: O (X) Change ( ) Addition  
Name: ALPAY, CARLITO E ,PME  
Address: 7640 WESTWOOD DRIVE 417  
City-St-Zip: TAMARAC, FL 33321

Title: O (X) Change ( ) Addition  
Name: APOLINARIO, JOJIE J , PME  
Address: 7640 WESTWOOD DRIVE 417  
City-St-Zip: TAMARAC, FL 33321

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: HILARION L. MENDOZA,PHD.

DIR

04/30/2005

Electronic Signature of Signing Officer or Director

Date