## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000108984

MIAMI, FL 33173

City-St-Zip:

FILED Mar 01, 2006 Secretary of State

Entity Name: NEW LIFE HEALTH, INC. **Current Principal Place of Business: New Principal Place of Business:** 2629 SW 147TH AVENUE MIAMI, FL 33185 **Current Mailing Address: New Mailing Address:** 2629 SW 147TH AVE. MIAMI, FL 33185 FEI Number: 81-0653477 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEL CUETO, CARMEN 15121 SW 34 TERRACE MIAMI, FL 33185 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DEL CUETO, CARMEN L Name: Name: 15121 SW 34 TERR. Address: Address: City-St-Zip: MIAMI, FL 33185 City-St-Zip: Title: VD Title: VD (X) Change ( ) Addition () Delete Name: BADIA, GLADIS Name: BADIA, GLADIS 7420 SW 153 CT., #103 Address: 2256 SW Address:

MIAMI, FL 33185

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Ρ SIGNATURE: CARMEN L. DEL CUETO 03/01/2006