


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90062 026 ***150.00

DOCUMENT # P03000136891	
1. Entity Name LOW LIFE, INC.	

Principal Place of Business 717 PONCE DE LEON BOULEVARD SUITE 317 CORAL GABLES, FL 33134	Mailing Address 717 PONCE DE LEON BOULEVARD SUITE 317 CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box # % MIGUEL M. GONZALEZ, P.A. Suite, Apt. #, etc. 525 N.W. 27th Avenue, Ste. City & State Miami, FL 33125 Zip Country Miami-Dade	3. Mailing Address % MIGUEL M. GONZALEZ, P.A. Suite, Apt. #, etc. 525 N.W. 27th Avenue, Ste. City & State Miami, FL 33125 Zip Country
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01162007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1247567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GONZALEZ, MIGUEL M ESQ. 717 PONCE DE LEON BOULEVARD SUITE 317 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 525 N.W. 27th Avenue, Suite 105A City Miami, FL 33125 City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLGUIN, JOSE FERNANDO 301 WEST RIVO ALTO DRIVE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **03-23-07** **305-649-0030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #