

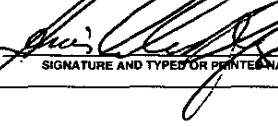


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90214 038 ***150.00

DOCUMENT # P03000157830 1. Entity Name NECTAR OF LIFE INC.					
Principal Place of Business 7244 A BISCAYNE BLVD MIAMI, FL 33138			Mailing Address 7244 A BISCAYNE BLVD MIAMI, FL 33138		
2. Principal Place of Business 7244 Biscayne Blv. <small>Suite, Apt. #, etc.</small>		3. Mailing Address PO Box 403621 <small>Suite, Apt. #, etc.</small>			
City & State Miami FL		City & State Miami Bch. FL		4. FEI Number 200548637	
Zip 33138		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALDWELL, CHRISTINA 570 NE 131ST STREET NORTH MIAMI, FL 33161		7. Name and Address of New Registered Agent Name Javier Alcaniz Hug Street Address (P.O. Box Number is Not Acceptable) 895 NE 87th Street City Miami FL Zip Code 33138			
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  President 4/26/04 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUG, JAVIER A 420 NE 32ND STREET MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACKSON, DAMIEN PAL 265 NE 87TH STREET MIAMI, FL 33138	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALDWELL, CHRISTINA 570 NE 131ST STREET N MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VANEGAS, CATALINA 420 NE 32ND STREET MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  JAVIER ALCANIZ-HUG 4/26/04 305-498-1358 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					