2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # P04000009883

1. Entity Name

LADY RIVKA MESHON-MILLER, LC, LIFE COACH, INC.



Apr 15, 2008 8:00 am Secretary of State

04-15-2008 90020 045 ***150.00

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7774 STIRLI	e of Business ING BRIDGE BLVD S ACH FL 33446-3387	Mailing Address 7774 STIRLING BRIDGI DELRAY BEACH FL 33	E BLVD S 1446-3387		
235 V _I Suite, Apt.		3. Mailing Address 235 VIA NES Suite, Apt. #, etc.	te	1st MOORE CR2E034 (10/07)	
1612 City & Stat DelRhy	BEACH, Fl.	1612 City & State Del Rhy Bench	Fl.	4. FEI Number 54-2138406 Applied For Not Applicable	
33445	Country U. S. 17.	^{Zip} 33445	Country U.S.A.	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name MILLER, RETA M 7774 STIRLING BRIDGE BLVD S DELRAY BEACH FL 33446-3387 BY 1612 City De/Ray Beach 7. Name and Address of New Registered Agent Name Niame M.//cr Rc+n M Street Address (P.O. Box Number is Not Acceptable) 235 VIA D'Cs+c FL Zip Code 339445					
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 Support Support					
### After May 1, 2008 Fee Will Be \$550.00 ### Added to Fees ### Added to Fees ### Added to Fees ### Added to Fees					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, RETA M 7774 STIRLING BRIDGE BLVD S DELRAY BEACH FL 33446-3387	DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delange Addition Reth m. m. 11 = R 235 VIA D'Este \$1/6/2 Delany Beach, Fl. 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SF-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dalete	THILE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deiate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY+ST-ZIP	Change Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

M. Mille Reta M. Miller april 1, 2008 561-496-5001