

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000026089

FILED
Nov 18, 2008
Secretary of State**Entity Name:** BETTER LIFE MEDICAL ASSISTANCE INC.**Current Principal Place of Business:**5145 SW 113 AVE
MIAMI, FL 33165 US**New Principal Place of Business:****Current Mailing Address:**5145 SW 113 AVE
MIAMI, FL 33165 US**New Mailing Address:****FEI Number:** 20-0712166**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CUELLAR, RAFAEL G
3355 WEST 68 ST.
UNIT 162
HIALEAH, FL 33018 US**Name and Address of New Registered Agent:**GURIAN, JORGE L
2665 S BAYSHORE DR.
SUITE 906
COCONUT GROVE, FL 33133 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: JORGE L GURIAN

11/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUELLAR, RAFAEL G
Address: 3355 WEST 68 ST., UNIT 162
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, YELINA
Address: 5145 SW 113 AVE
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: YELINA GONZALEZ

P

11/18/2008

Electronic Signature of Signing Officer or Director

Date