

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078180

Entity Name: LIFSITCH CORPORATION

FILED  
Apr 11, 2008  
Secretary of State

**Current Principal Place of Business:**

10600 NW 37TH TERRACE  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10600 NW 37TH TERRACE  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 55-0870795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESCOBAR, CLARA S  
10600 NW 37TH TERRACE  
MIAMI, FL 33178      US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: ESCOBAR, CLARA S PD  
Address: 10600 NW 37 TERRACE  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: GUTIERREZ, IVAN D  
Address: 10600 NW 37 TERRACE  
City-St-Zip: MIAMI, FL 33178

Title: SD ( ) Delete  
Name: ESCOBAR, ENRIQUE SD  
Address: 10600 NW 37 TERRACE  
City-St-Zip: MIAMI, FL 33178

Title: VP ( ) Delete  
Name: GUTIERREZ, SILVIA VP  
Address: 10600 NW 37 TERRACE  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ESCOBAR, CLARA S PD  
Address: 11137 NW 67 ST  
City-St-Zip: MIAMI, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: ESCOBAR, ENRIQUE SD  
Address: 11137 NW 67 STREET  
City-St-Zip: MIAMI, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CLARA SUSANA ESCOBAR

PD

04/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date