

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080922

FILED  
Aug 12, 2005  
Secretary of State

Entity Name: BEST LIFE INVESTMENT INC.

## Current Principal Place of Business:

8010 W. 23 AVE., BAY 2  
HIALEAH, FL 33016

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 170634  
HIALEAH, FL 33012

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, ISIS M  
1790 WEST 49TH ST.  
SUITE 305-14  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

GONZALEZ, ISIS M  
P.O BOX 170634  
HIALEAH, FL 33016 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: ISIS M GONZALEZ

08/12/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GONZALEZ, ISIS M  
Address: 1790 WEST 49TH ST. SUITE 305-14  
City-St-Zip: HIALEAH, FL 33012

Title: V ( ) Delete  
Name: GONZALEZ, ISIS M  
Address: 1790 WEST 49TH ST. SUITE 305-14  
City-St-Zip: HIALEAH, FL 33012

Title: STD ( ) Delete  
Name: GONZALEZ, ISIS M  
Address: 1790 WEST 49TH ST. SUITE 305-14  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GONZALEZ, ISIS M  
Address: POST OFFICE BOX 170634  
City-St-Zip: HIALEAH, FL 33016

Title: V (X) Change ( ) Addition  
Name: GONZALEZ, ISIS M  
Address: P.O BOX 170634  
City-St-Zip: HIALEAH, FL 33016

Title: STD (X) Change ( ) Addition  
Name: GONZALEZ, ISIS M  
Address: P.O BOX 170634  
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ISIS M GONZALEZ

P

08/12/2005

Electronic Signature of Signing Officer or Director

Date