2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000153097

MIAMI, FL 33055 US

City-St-Zip:

FILED Nov 05, 2007 Secretary of State

Entity Name: BETTER LIFE SUPPORT, INC. **Current Principal Place of Business: New Principal Place of Business:** 4657 N.W. 199TH ST. MIAMI, FL 33055 **Current Mailing Address: New Mailing Address:** 4657 N.W. 199TH ST. MIAMI, FL 33055 FEI Number: 11-3733423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEGAL FAMILY ACCOUNTING SERV CORP 342 E 9TH ST SUITE 204 HIALEAH, FL 33010 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FLORIN, MIGUEL A Name: Name: 4657 N.W. 199TH ST. Address: Address: City-St-Zip: MIAMI, FL 33055 US City-St-Zip: Title: VΡ (X) Delete Title: () Change () Addition Name: VARGAS, MARIA D Name: 4657 NW. 199 TH ST Address: Address:

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.

City-St-Zip:

Ρ SIGNATURE: MIGUEL A FLORIN 11/05/2007