

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000153097

1. Entity Name
BETTER LIFE SUPPORT, INC.



Principal Place of Business
4657 N.W. 199TH ST.
MIAMI, FL 33055

Mailing Address
4657 N.W. 199TH ST.
MIAMI, FL 33055

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222008

Chg-P

CR2E034 (12/06)

4. FEI Number

11-3733423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGAL FAMILY ACCOUNTING SERV CORP
342 E 0TH ST
SUITE 204
HIALEAH, FL 33040

Name Miguel A. Florin

Street Address (P.O. Box Number is Not Acceptable)

4657 NW 199 ST.

City Miami

FL

Zip Code

33055

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME FLORIN, MIGUEL A ☐ Delete
STREET ADDRESS 4657 N.W. 199TH ST.
CITY-ST-ZIP MIAMI, FL 33055

TITLE ☐ Change ☐ Addition
NAME 500119549925
STREET ADDRESS 03/06/08--01016--018
CITY-ST-ZIP **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2008 FEB 25 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

