

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000153097

Entity Name: BETTER LIFE SUPPORT, INC.

**FILED**  
**May 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

20451 NW 2ND AVE SUITE 209  
MIAMI, FL 33169

**New Principal Place of Business:**

4649 NW 199 STREET  
MIAMI, FL 33055 US

**Current Mailing Address:**

20451 NW 2ND AVE SUITE 209  
MIAMI, FL 33169

**New Mailing Address:**

4649 NW 199 STREET  
MIAMI, FL 33055 US

FEI Number: 11-3733423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLORIN, MIGUEL A  
20451 NW 2ND AVE SUITE 209  
MIAMI, FL 33169 US

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

FLORIN, MIGUEL A  
4649 NW 199 STREET  
MIAMI, FL 33055 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: MIGUEL FLORIN

05/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FLORIN, MIGUEL A  
Address: 4649 NW 199 ST  
City-St-Zip: MIAMI, FL 33055 US

Title: S  
Name: CHAVIANO, RICARDO  
Address: 1860 SW 126 CT  
City-St-Zip: MIAMI, FL 33175 US

I hereby 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 all other like empowered.

SIGNATURE: MIGUEL FLORIN

P

05/04/2011

Electronic Signature of Signing Officer or Director

Date