

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000033501

1. Entity Name  
INTERNATIONAL HEALTH & LIFE, INC.



Principal Place of Business  
31118 MANDOLIN CAY AVE.  
WESLEY CHAPEL, FL 33543

Mailing Address  
31118 MANDOLIN CAY AVE.  
WESLEY CHAPEL, FL 33543



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2445359  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GALVEZ, MARIA  
205 SYLVIA CIRCLE  
LAKELAND, FL 33813

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity subscribes and assents to 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 register

SIGNATURE \_\_\_\_\_ (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**

TITLE	P
NAME	GALVEZ, MARIA
STREET ADDRESS	31118 MANDOLIN CAY AVE.
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	V
NAME	FLORES, RODOLFO
STREET ADDRESS	31118 MANDOLIN CAY AVE.
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/08-80062-012-150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Maria Galvez Date: 01/27/2008 Daytime Phone #: 954-662-9185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR