2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006
Secretary of State

DOCUMENT# P05000040713

Entity Name: LIFESTYLES MGMT. OF S. FLORIDA, INC.

Current Principal Place of Business:

6415 COWPEN RD #L201
MIAMI LAKES, FL 33014

New Principal Place of Business:

1580 W 58 STREET
HIALEAH, FL 33012

Current Mailing Address:

6415 COWPEN RD #L201
MIAMI LAKES, FL 33014

New Mailing Address:

1580 W 58 STREET
HIALEAH, FL 33012

FEI Number: 20-2552149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTELLANOS, HECTOR
6415 COWPEN RD #L201
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

CASTELLANOS, HECTOR
1580 W 58 STREET
HIALEAH, FL 33012 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: HECTOR CASTELLANOS 02/09/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: CASTELLANOS, HECTOR
Address: 6415 COWPEN RD #L201
City-St-Zip: MIAMI LAKES, FL 33014

Title: DVT ( ) Delete
Name: MORENO, MAYELIN
Address: 6415 COWPEN RD #L201
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: CASTELLANOS, HECTOR
Address: 1580 W 58 STREET
City-St-Zip: HIALEAH, FL 33012

Title: DVT (X) Change ( ) Addition
Name: CASTELLANOS, MAYELIN
Address: 1580 W 58 STREET
City-St-Zip: HIALEAH, FL 33012

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

SIGNATURE: HECTOR CASTELLANOS DPS 02/09/2006
Electronic Signature of Signing Officer or Director Date