2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050134

Entity Name: CREDILIFE, INC

FILED Apr 17, 2009 Secretary of State

Littly Nai	ille. CREDILII	L, INC			
Current P	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
#101	75TH AVE.		7955 NW 12TH ST. #415	LIC	
MIAMI, FL 33155 US			DORAL, FL 33126	US	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
#101	75TH AVE.		7955 NW 12TH ST. #415		
MIAMI, FL	33155 US		DORAL, FL 33126	US	
FEI Number	: 25-1915135	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
#101	EVIN 75TH AVE. 33155 US		HENAO, KEVIN 7955 NW 12TH ST. #415 DORAL, FL 33126 U	Js	
	named entity see of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: KEVIN HENAO				04/17/2009	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () HENAO, KEVIN 455 N.E 25TH S MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () STANLEY, PAU 15610 CEDAR WELLINGTON,	GROVE LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TREA () CORREA, MAU 6181 S.W. 17 S MIAMI, FL 331	ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SEC (X)	Delete DREW	Title:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: KEVIN HENAO PRES 04/17/2009

8813 WENDY LANE SOUTH

WEST PALM BEACH, FL 33411

Address:

City-St-Zip: