

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102399

Entity Name: LONGLIFE REMEDIES INC.

FILED
Feb 15, 2008
Secretary of State

Current Principal Place of Business:

16393 SW 97TH ST
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

16393 SW 97TH ST
MIAMI, FL 33196

New Mailing Address:

FEI Number: 75-3219343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUILERA, MARIA T
16393 SW 97TH ST
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AGUILERA, MARIA T
Address: 16393 SW 97TH ST
City-St-Zip: MIAMI, FL 33196

Title: TSD () Delete
Name: MOHAMMED, ZYAD
Address: 11440 SW 55 ST
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARIA T AGUILERA

DIRE

02/15/2008

Electronic Signature of Signing Officer or Director

Date