

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000080816

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** LIFE SAVER EQUIPMENT, INC.

**Current Principal Place of Business:**

247 SW 8TH ST., #189  
MIAMI, FL 33130

**New Principal Place of Business:**

6303 BLUE LAGOON DRIVE  
SUITE 200  
MIAMI, FL 33126

**Current Mailing Address:**

247 SW 8TH ST., #189  
MIAMI, FL 33130

**New Mailing Address:**

6303 BLUE LAGOON DRIVE  
SUITE 200  
MIAMI, FL 33126

**FEI Number:** 41-2262426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VILANOVA, ALEJANDRO  
1901 BRICKELL AVE.  
#B-1806  
MIAMI, FL 33129 US

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

GUDINO, SIKLEB  
6303 BLUE LAGOON DRIVE  
SUITE 200  
MIAMI, FL 33126 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: SIKLEB GUDINO

02/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SANCHEZ, OMAR  
Address: 6303 BLUE LAGOON DRIVE, SUITE 200  
City-St-Zip: MIAMI, FL 33126 US

Title: PTS  
Name: SANCHEZ, OMAR  
Address: 6303 BLUE LAGOON DRIVE, SUITE 200  
City-St-Zip: MIAMI, FL 33126 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: OMAR SANCHEZ

D

02/23/2012

Electronic Signature of Signing Officer or Director

Date