## 2008 FOR PROFIT CORPORATION

## May 01, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P07000108847 05-01-2008 90239 024 \*\*\*150.00 1. Entity Name TO GOD 4LIFE INC. Principal Place of Business Mailing Address 5600 NW 114 PLACE, APT. 213 5600 NW 114 PLACE, APT. 213 DORAL, FL 33178 **DORAL, FL 33178** 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02012008 Chg-P CR2E034 (12/06) City & State City & State 4. EEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMIREZ, CAMILO Street Address (P.O. Box Number is Not Acceptable) 5600 NW 114 PLACE, APT. 213 DORAL, FL 33178 Zip Code FI 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name registered agent and little it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 10. ☐ Delete TITLE Change /.odition TITLE RAMIREZ, CAMILO NAME NAME STREET ADDRESS 5600 NW 114 PLACE, APT. 213 STREET ADDRESS CITY-ST-ZIP DORAL, FL 33178 CITY-ST-ZIP VD ☐ Delete Change Addition TITLE TITLE BRISSAUD, ADRIENNE NAME NAME 5600 NW 114 PLACE, APT. 213 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DORAL, FL 33178** CITY-ST-ZIP ☐ Delete Madition | TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Delete TITLE ☐ Change ☐ Addisica TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 orief like expowered. changed, or on an attachmont

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED