

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000025741

FILED
Feb 03, 2009
Secretary of State

Entity Name: LIFE STYLES MGMT CORP.

Current Principal Place of Business:

1581 W 49TH ST, 335
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1581 W 49TH ST, 335
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 26-2236903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATELLANOS, HECTOR
7450 WEST 17 AVENUE
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

CATELLANOS, HECTOR
1581 W 49TH STREET, #335
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

02/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTELLANOS, HECTOR
Address: 1581 W 49TH ST, 335
City-St-Zip: HIALEAH, FL 33012

Title: S (X) Delete
Name: SMITH, MICHELLE L
Address: 1131 NORTH 71ST TERRACE
City-St-Zip: HOLLYWOOD, FL 33024

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: HECTOR CASTELLANOS

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date