## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059969

Entity Name: HEALTH AND LIFE GROUP, INC.

**FILED** Apr 20, 2009 Secretary of State

2255 GLADES ROAD - SUITE 329 A 2255 GLADES ROAD BOCA RATON, FL 33431

SUITE 324 A

BOCA RATON, FL 33431 US

**Current Mailing Address: New Mailing Address:** 

2255 GLADES ROAD - SUITE 329 A 2255 GLADES ROAD BOCA RATON, FL 33431 SUITE 324 A

BOCA RATON, FL 33431 US

FEI Number: 26-2840327 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

**DUVEKOT CORPORATION** 8671 NW 56TH STREET DORAL, FL 33166

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:**

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition FERNANDES, MARCELO FERNANDES, MARCELO Name: Name:

8671 NW 56TH STREET SUITE A84 2255 GLADES ROAD, SUITE 324A Address: Address: City-St-Zip: DORAL, FL 33166 US City-St-Zip: BOCA RATON, FL 33431 US

Title: VΡ Title: **VPS** 

() Delete (X) Change ( ) Addition FERNANDES, MARCIO FERNANDES, MARCIO Name: Name:

8671 NW 56TH STREET SUITE A84 2255 GLADES ROAD, SUITE 324A Address: Address: DORAL, FL 33166 US BOCA RATON, FL 33431 US City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition TD

FERNANDES, MARCIO FERNANDES, MARCIO Name: Name:

8671 NW 56TH STREET SUITE A84 2255 GLADES ROAD, SUITE 324A Address: Address: City-St-Zip: DORAL, FL 33166 US City-St-Zip: BOCA RATON, FL 33431 US

Title: (X) Delete Title: () Change () Addition Name:

FERNANDES, MARCIO Name: 8671 NW 56TH STREET SUITE A84 Address: DORAL, FL 33166 FL 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.

VΡ SIGNATURE: MARCIO FERNANDES 04/20/2009