

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000075399

Entity Name: EXTRA NUTRI LIFE, INC

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

4300 SHERIDAN STREET
APT 323
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4300 SHERIDAN STREET
APT 323
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 26-3139991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAL, RUBEN
4300 SHERIDAN STREET
APT 323
HOLLYWOOD, FL 33021 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: P () Delete
Name: CAL, RUBEN
Address: 4300 SHERIDAN STREET, APT 323
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP () Delete
Name: GARCIA, MARIAJOSE
Address: 4300 SHERIDAN STREET, APT 323
City-St-Zip: HOLLYWOOD, FL 33021

Title: T () Delete
Name: LARRUCEA, JESSICA
Address: 10267 BOCA BEND WEST, APT G4
City-St-Zip: BOCA RATON, FL 33428

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP () Change (X) Addition
Name: EXTRANUTRILIFE INC
Address: 3050 HAYES ST
City-St-Zip: HOLLYWOOD, FL 33021

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: MARIAJOSE GARCIA

VP

04/20/2009

Electronic Signature of Signing Officer or Director

Date