

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000009816

FILED
Mar 04, 2011
Secretary of State

Entity Name: LIFE & HEALTH ALTERNATIVES, INC.

Current Principal Place of Business:

865 NW 126 CT
MIAMI, FL 33182

New Principal Place of Business:

2540 W 84 ST. UNIT 7
HIALEAH, FL 33016

Current Mailing Address:

865 NW 126 CT
MIAMI, FL 33182

New Mailing Address:

2540 W 84 ST. UNIT 7
HIALEAH, FL 33016

FEI Number: 26-4182723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEZCANO, JOEL
865 NW 126 CT
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

LEZCANO, JOEL
2540 W 84 ST.UNIT 7
HIALEAH, FL 33016 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: JOEL LEZCANO

03/04/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: LEZCANO, JOEL
Address: 2540 W 84 ST.UNIT 7
City-St-Zip: HIALEAH, FL 33016

Title: DV
Name: LEZCANO, ANABELLE
Address: 2540 W 84 ST.UNIT 7
City-St-Zip: HIALEAH, FL 33016

Title: TR
Name: LEZCANO, ROBERTO U
Address: 2540 W 84 ST.UNIT 7
City-St-Zip: HIALEAH, FL 33016

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: ANABELLE LEZCANO

VP

03/04/2011

Electronic Signature of Signing Officer or Director

Date