


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P92000012443			
1. Entity Name NEW LIFE MANAGEMENT COMPANY, INC.			
Principal Place of Business 318 INDIAN TRACE #613 FORT LAUDERDALE FL 33326 US		Mailing Address 318 INDIAN TRACE #613 FORT LAUDERDALE FL 33326 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MAZZEI, VINCENT J 318 INDIAN TRACE #613 FORT LAUDERDALE FL 33326			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAZZEI, VINCENT J 318 INDIAN TRACE FORT LAUDERDALE FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000616065 02/07/07-80013-012 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/06)

4. FEI Number 65-0419208 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 other like empowered.

SIGNATURE: Vincent J. Mazzei
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07

305-687-0410

Date

Daytime Phone #