

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000026812

Entity Name  
LIFE PROPERTIES, INC.



Principal Place of Business

5 PARK DR  
SUITE 1  
MIAMI SHORES, FL 33138-2838 US

Mailing Address

9375 PARK DR  
SUITE 1  
MIAMI SHORES, FL 33138-2838 US



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0572247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SMUKLER, FORTUNA  
3207 NE 168TH STREET  
NORTH MIAMI BEACH, FL 33160-3063

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I, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

OFFICERS AND DIRECTORS

NAME	D SMUKLER, FORTUNA
ADDRESS	3207 NE 168 STREET
CITY-STATE-ZIP	N. MIAMI BEACH, FL 331603063
NAME	D SMUKLER, SAUL
ADDRESS	3207 NE 168 STREET
CITY-STATE-ZIP	NORTH MIAMI BEACH, FL 331603063
NAME	
ADDRESS	
CITY-STATE-ZIP	
NAME	
ADDRESS	
CITY-STATE-ZIP	
NAME	
ADDRESS	
CITY-STATE-ZIP	

1100000177138  
01/11/05-80025-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 indicated, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fortuna Smukler Fortuna Smukler 01-05-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-759-5552