

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000098427

FILED
Jan 20, 2009
Secretary of State

Entity Name: INTERNATIONAL NEW LIFE INSTITUTE INC.

Current Principal Place of Business:

8701 COLLINS AVENUE
LL
MIAMI BEACH, FL 33154

New Principal Place of Business:

Current Mailing Address:

8701 COLLINS AVENUE
LL
MIAMI BEACH, FL 33154

New Mailing Address:

FEI Number: 65-0795219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADARIAGA, LUCY
8701 COLLINS AVENUE
LL
MIAMI BEACH, FL 33154 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: MADARIAGA, LUCY
Address: 5600 COLLINS AVENUE 12-5
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD () Delete
Name: MADARIAGA, SANDRA
Address: 8701 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33154

Title: VP () Delete
Name: MADARIAGA, LUCY
Address: 8701 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33154

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:

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: LUCY MADARIAGA

P

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date