


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000056507 1. Entity Name LIFE PARTNERS, INC.	
--	---

Principal Place of Business 32 NORTH BUMBY AVE. ORLANDO, FL 32803	Mailing Address 32 NORTH BUMBY AVE. ORLANDO, FL 32803
---	---

DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3530286	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JUAREZ, JOCELYN T
8331 SW 4TH ST
MIAMI, FL 33144**

**DO NOT WRITE
IN THIS SPACE**

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 [Signature] (NOTE: Registered Agent signature required when registering) DATE 3/29/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAREZ, JOCELYN T 436 ALTALOMA AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAREZ, LYN 436 ALTALOMA AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAREZ, JOCELYN 436 ALTALOMA AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAREZ, LYN P 436 ALTALOMA AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000281941
03/31/05-80022-022 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] 3/29/05 305-552-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #