

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000056507

Entity Name: LIFE PARTNERS, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

32 NORTH BUMBY AVE.
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

8331 SW 4TH ST
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 59-3530286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUAREZ, JOCELYN T
8331 SW 4TH ST
MIAMI, FL 33144 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: D () Delete
Name: JUAREZ, JOCELYN T
Address: 436 ALTALOMA AVE
City-St-Zip: ORLANDO, FL 32803 US

Title: D () Delete
Name: JUAREZ, LYN
Address: 436 ALTALOMA AVE
City-St-Zip: ORLANDO, FL 32803 US

Title: D () Delete
Name: JUAREZ, JOCELYN
Address: 436 ALTALOMA AVE
City-St-Zip: ORLANDO, FL 32803 US

Title: D () Delete
Name: JUAREZ, LYN P
Address: 436 ALTALOMA AVE
City-St-Zip: ORLANDO, FL 32803 US

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:

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: JOCELYN T. JUAREZ

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date