	PROFIT CORPORATION BUSINESS REPORT (UBR)
DOCUMENT # 1. Entity Name LIFIZZ VITAMINS, INC.	P99000111874
Principal Place of Business	Mailing Address C/O DARYL CRAMER & ASSOCIATES, P.A.

FILED
Jun 04, 2003 8:00 am
Secretary of State
06-04-2003 90095 017 ***158.75

LIFIZZ VII	FAMINS, INC.			V				00-04-200.	3 30033 01 /	136.	73
Principal Place of Business 1095 JUPITER PARK DRIVE SUITE 11 WEST PALM BEACH FL 33458 Mailing Address C/O DARYL CRAMER & 7 515 N. FLAGLER DR., ST WEST PALM BEACH FL 33458 WEST PALM BEACH FL 33458			910			1 i es	kaar era farra larri harr) 88 111 8819 1 11881 1	1 50 1 14 10 1 1 5 14	ianu sisi inni	
U\$ U\$						1	1 1 1 1 1 1 1 1 1 1 1				
2. Principal Place of Business 11505 Fairchild Gardens Ave. 3801 PGA Boule					.1		1186	(881 II S IR III 1811 4 811	1 60 131 5016 1 11001 1	1001 1100 10181	(00) BIBI (01)
					1						
Suite, Apt. #, etc. Suite 204 Suite 204 Suite 508							CHECK HERE IF MAKING CHANGES				
City & State			City & State					ber 65-09857	54		oplied For
Palm Beach Gardens, FL Zip Country 33410 USA			Palm Beach Gardens Zip 33410			A :	5. Certificat	e of Status Desire	d VVI	\$8.75 Address Require	ot Applicable ditional ed
	6. Name and Address of Current F	legistered	Agent				7. Name an	d Address of Nev	w Registered A	gent	
					Name Daryl Cramer & Associates, P.A.						-
DARYL CRAMER & ASSOCIATES, P.A.					Street Address (P.O. Box Number is Not Acceptable) 3801 PGA Boulevard, Suite 508						
515 N FLAGLER DR, SUITE 910 WEST PALM BEACH FL 33401-4325						3801	PGA BO	ulevaro,	Sulte_508	5	
WEST FALM BEAUTI FL 30401-4020					City	Palm	Beach	Gardens	FL	Zip Cod	e 33410
8. The above named entity submits this systement for the purpose of changing its re-					od office of						
the obligat	ions of registered agent.	ine parpa	se or crianging its	registere	a onice or	registered	ragent, or b	otti, iii tile otale ol	i lojida. Talii k	trima with,	and decept
· *SIGNATURE .	J9VC	PIME	<u>n</u>			4/8/-7	j 				
,	Signature, typed or printed name of registered agent ar	nd title if applic	able. (NOTE	. Registered	d Agent signati	re required who	en reinstating)		DATE		
After	ILE NOW!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State						lection Campaign rust Fund Contribu	· -		00 May Be
10.	OFFICERS AND D	DIRECTOR	s	11.			ADDITIONS	S/CHANGES TO C	OFFICERS AND	DIRECTOR	SIN 11
TITLE	DPT		☐ Delete	TITLE		DPT				XX Change	☐ Addition
NAME STREET ADDRESS	ROSEN, CHRISTER 1095 JUPITER PARK DRIVE SUITE 11 JUPITER FL 33458				ET ADDRESS	í	, Chri			5 45 - 5	204
CITY-ST-ZIP					ST-ZIP	11505 Fairchild Gardens Ave., Ste. Palm Beach Gardens, FL 33410					
TITLE	SD		☐ Delete	TITLE		SD		•		Change	☐ Addition
NAME STREET ADDRESS	PARNEVIK, JESPER SS 1095 JUPITER PARK DRIVE SUITE 11				ET ADDRESS	Parnevik, Jësper					
CITY-ST-ZIP	JUPITER FL 33458	- 11			ST-ZIP			hild Garde			204
TITLE	D		XXDelete	TITLE		D D	Beacn ⊸	Gardens, I	'L-33410 -	☐ Change	XX addition
NAME	MCGLONE, LAURA			- NAME			ing, L	aura	: * · ·		
STREET ADDRESS CITY-ST-ZIP	1095 Jupiter Park Drive Suite Jupiter FL 33458	: 11			ET ADDRESS ST-ZIP	11505	Faire	hild Garde	•	Ste.	204
TITLE		 -	☐ Delete	TITLE		Palm :	Beach (Gardens, I	L 33410	☐ Change	Addition
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STREET ADDRESS					et address St-zip						}
CITY-ST-ZIP TITLE		-	□ Delete	TITLE			· ·	<u>-</u>	*	☐ Change	☐ Addition
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STREET ADDRESS				STREE	T ADDRESS						
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STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·		T ADDRESS.			Mark grangen in			
CITY-ST-ZIP	<u> </u>			CITY-	ST-ZIP			·	· 		* * * * .
12. Thereby o	certify that the information supplied with t	this filing d	oes not qualify for	the exer	nption stat	ed in Section	on 119.07(3)(i), Florida Statute	es. I further cert	fy that the i	nformation

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: LOGICAL SOLO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR