

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009940

**Entity Name:** ESSENCE OF LIFE - INTERNATIONAL, INC.

**Current Principal Place of Business:**

C/O SAFO, LLC  
20900 NE 30TH AVENUE SUITE 1015  
AVENTURA, FL 33180

**Current Mailing Address:**

C/O SAFO, LLC  
20900 NE 30TH AVENUE SUITE 1015  
AVENTURA, FL 33180

**FEI Number:** 03-0536387

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title D  
Name ARISON, SHARI  
Address 20900 NE 30TH AVE., SUITE 1015  
City-State-Zip: AVENTURA FL 33180

Title D  
Name ARISON, CASSIE  
Address 20900 NE 30TH AVE., SUITE 1015  
City-State-Zip: AVENTURA FL 33180

Title D  
Name ARISON, JASON  
Address 20900 NE 30TH AVE., SUITE 1015  
City-State-Zip: AVENTURA FL 33180

Title D  
Name ARISON, DAVID  
Address 20900 NE 30TH AVENUE, SUITE 1015  
City-State-Zip: AVENTURA FL 33180

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JASON ARISON

**DIRECTOR**

**02/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date