

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000004116

**FILED**  
**Feb 29, 2016**  
**Secretary of State**  
**CC3431038909**

**Entity Name:** AZUL FOR BETTER LIVING, INC.

**Current Principal Place of Business:**

330 ALMERIA RD  
#4  
WEST PALM BEACH, FL 33405

**Current Mailing Address:**

330 ALMERIA RD  
#4  
WEST PALM BEACH, FL 33405

**FEI Number:** 47-3826013

**Certificate of Status Desired:** Yes

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

RAFFAELLI, SANDRA P  
330 ALMERIA RD  
#4  
WEST PALM BEACH, FL 33405 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 P  
Name RAFFAELLI, SANDRA P  
Address 330 ALMERIA RD #4  
City-State-Zip: WEST PALM BEACH FL 33405

Title VP  
Name DAVID, RAFFAELLI M  
Address 330 ALMERIA RD #4  
City-State-Zip: WEST PALM BEACH FL 33405

Title SEC  
Name PARRA, DIEGO M  
Address 10123 FAIRTREE LANE  
City-State-Zip: ORLANDO FL 32821

*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:** DAVID M. RAFFAELLI

VP

02/29/2016

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

\_\_\_\_\_  
Date