

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000026176

Entity Name: ETERNAL LIFE SERVICES CORP**Current Principal Place of Business:**6303 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126**Current Mailing Address:**6303 BLUE LAGOON DRIVE
SUITE 400
MIAMI, FL 33126 US**FEI Number:** 83-4209914**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RODRIGUEZ, NELSON
6303 BLUE LAGOON DR.
SUITE 400
MIAMI, FL 33126 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 | CEO |
| Name | RODRIGUEZ, NELSON |
| Address | 5250 NW 84TH AVE 313 |
| City-State-Zip: | DORAL FL 33166 |

| | |
|-----------------|-------------------------|
| Title | PRESIDENT |
| Name | RODRIGUEZ, GUSTAVO |
| Address | 5250 NW 84TH AVE 313 |
| City-State-Zip: | DORAL FL 33166 |

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | FERRER, VANESSA |
| Address | 5250 NW 84 AVE 313 |
| City-State-Zip: | DORAL FL 33166 |

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

SIGNATURE: NELSON RODRIGUEZ

CEO

03/25/2021

Electronic Signature of Signing Officer/Director Detail_____
Date