


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90007 030 ***150.00

DOCUMENT # P0000015953

1. Entity Name
BRIGHT PATH HERBALS, INC.



Principal Place of Business Mailing Address

326 JUPITER LAKES BLVD, #2322D **326 JUPITER LAKES BLVD, #2322D**
JUPITER FL 33458 **JUPITER FL 33458**

new address

2. Principal Place of Business 3. Mailing Address

1726 NATURE COURT RD Suite, Apt. #, etc.

City & State City & State

Palm Beach Gardens, FLA City & State

Zip Country Zip Country

33410 **USA**



MOORE CR2E034 (11/03)

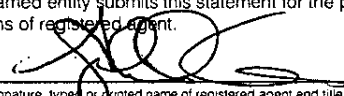
6. Name and Address of Current Registered Agent

DA GROSA, ANGELA
326 JUPITER LAKES BLVD, #2322D
JUPITER FL 33458

7. Name and Address of New Registered Agent

new address
1726 Nature Court Rd
 Street Address (P.O. Box Number is Not Acceptable)
Palm Beach Gardens
FLA
 City **FL** *Zip Code* **33410**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DA GROSA, DIANA	
STREET ADDRESS	8701 E. VISTA BONITA DRIVE, SUITE 110	
CITY-ST-ZIP	SSCOTTSDALE AZ 85255	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DA GROSA, ANGELA	
STREET ADDRESS	326 JUPITER LAKES BLVD, #2322D	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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:  Date: **3/24/04** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR