

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90007 043 ***150.00

DOCUMENT # P03000090685

1. Entity Name
 1-2-3 HEALTHY FOODS CO. INC.



Principal Place of Business
 2620 N.W.97TH AVENUE
 MIAMI, FL 33172

Mailing Address
 2620 N.W.97TH AVENUE
 MIAMI, FL 33172

44049608



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07162004 Chg-P CR2E034 (10/03)

4. FEI Number
 51-0462576

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Maritza FUENTES, MARTITZA
 2620 N.W.97TH AVENUE
 MIAMI, FL 33172

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUENTES, MARITZA 2620 N.W.97TH AVENUE MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 07/19/04 305 599-0014 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment
DE LA HOZ & ASSOCIATES, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

304 PALERMO AVENUE
CORAL GABLES, FL 33134
TELEPHONE (305) 448-5585
FAX (305) 448-7590
WWW.DELAHOZCPA.COM

44049608

P03 000090685

MEMBER OF THE
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS,
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

July 16, 2004

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 1-2-3 Healthy Foods Co., Inc.
FEI# 51-0462576
2004 Annual Report

To Whom It May Concern:

We are responding on behalf of the above referenced taxpayer regarding the 2004 Annual Report. The initial reminder to file the 2004 Annual Report was never received by the above referenced taxpayer. Also as a recently incorporated company, the taxpayer was not advised by the prior accountant of the filing requirements or dues dates with the State of Florida. Upon engaging our firm as their Certified Public Accountants, it was discovered that the 2004 Annual Report was not filed. We have since then prepared the 2004 Annual Report and will be enclosing it with this letter for your consideration.

We kindly ask that you accept the enclosed 2004 Annual Report along with the \$150.00 fee as fulfilling the requirements for filing the 2004 Annual Report.

Should you require additional information, please do not hesitate to contact me at (305) 448-5585.

Sincerely,



Nicole M. Martinez
De La Hoz & Associates, P.A.