


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90097 014 ***150.00

DOCUMENT # P04000161543			
1. Entity Name HEALTHY GROUP OF MIAMI, INC.			
Principal Place of Business 2702 SW 143 AVE MIAMI, FL 33175		Mailing Address 2702 SW 143 AVE MIAMI, FL 33175	
2. Principal Place of Business 2711 SW 8 street		3. Mailing Address 2711 SW 8 street	
Suite, Apt. #, etc. 93		Suite, Apt. #, etc. 93	
City & State Miami, FL		City & State Miami, FL	
Zip 33175	Country USA	Zip 33175	Country USA
6. Name and Address of Current Registered Agent SANCHEZ, NANCY 2702 SW 143 AVE MIAMI, FL 33175		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, NANCY	NAME	
STREET ADDRESS	2702 SW 143 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOSA, MARIA E	NAME	
STREET ADDRESS	13237 NW 4 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33182	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Maria E. Sosa</i>		04/01/05 (305) 552-5223	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	