2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2011
Secretary of State

DOCUMENT# P08000009610

Entity Name: HOLISTIC NATURAL HEALTH, INC

Current Principal Place of Business:

2419 PONKAN SUMMIT DR
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

2419 PONKAN SUMMIT DR
APOPKA, FL 32712

New Mailing Address:

FEI Number: 26-1859812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NUNEZ, DR. ELISEO
2419 PONKAN SUMMIT DR
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

NUNEZ - ESTRELLA, DR. ELISEO
2419 PONKAN SUMMIT DR
APOPKA, FL 32712 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: DR. ELISEO NUNEZ - ESTRELLA 04/13/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: NUNEZ - ESTRELLA, DR. ELISEO
Address: 2419 PONKAN SUMMIT DR
City-St-Zip: APOPKA, FL 32712

Title: VP
Name: NUNEZ, ROSA N
Address: 2419 PONKAN SUMMIT DR
City-St-Zip: APOPKA, FL 32712

Title: D
Name: NUNEZ, ELIEZER
Address: 2419 PONKAN SUMMIT DR
City-St-Zip: APOPKA, FL 32712

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: DR. ELISEO NUNEZ- ESTRELLA P 04/13/2011
Electronic Signature of Signing Officer or Director Date