

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000048410

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** HEALTHY WORKS & ENTERPRISES CORP.

**Current Principal Place of Business:**

2665 SOUTH BAYSHORE DR, #906  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

2665 SOUTH BAYSHORE DR, 800  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2665 SOUTH BAYSHORE DR, #906  
COCONUT GROVE, FL 33133

**New Mailing Address:**

2665 SOUTH BAYSHORE DR, 800  
COCONUT GROVE, FL 33133

FEI Number: 45-2378022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GURIAN, JORGE  
2665 SOUTH BAYSHORE DR, #906  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

GURIAN, JORGE  
2665 SOUTH BAYSHORE DR, 800  
COCONUT GROVE, FL 33133 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: JORGE GURIAN

05/01/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: FREYER, SERGIO  
Address: 2665 SOUTH BAYSHORE DR, 800  
City-St-Zip: COCONUT GROVE, FL 33133

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: SERGIO FREYER

PSD

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date