


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000052198
1. Entity Name
PURA SALUD GNC INC.



Principal Place of Business Mailing Address
13611 S DIXIE HWY 13611 S DIXIE HWY
106 106
MIAMI FL 33176 MIAMI FL 33176
US US



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number Applied For / Not Applicable
65-0426523

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CASTELLON, BARNEY
20000 SW 232 STREET
MIAMI FL 33170

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|----------------------|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> Delete |
| NAME | CASTELLON, BARNEY | |
| STREET ADDRESS | 20000 SW 232 ST | |
| CITY-ST-ZIP | MIAMI FL 33170 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | JOHNSON, SCOTT A | |
| STREET ADDRESS | 885 CLAY CRAFT RD | |
| CITY-ST-ZIP | COLUMBUS OH | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CASTELLON, ANA MARIA | |
| STREET ADDRESS | 20000 SW 232 ST | |
| CITY-ST-ZIP | MIAMI FL 33170 | |
| 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 | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
|---|---------------------------|---------------------------------|------------------------------|
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | U00000415241 | | |
| STREET ADDRESS | 02/11/06-80073-006 150.00 | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Barney Castellon* Date: 1-17-2006 Daytime Phone #: 305 378 4185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR