2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 15 PM 3:12

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DOCUMENT # P98000047759

1. Entity Name
BETWEEN HEAVEN & EARTH HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
3601 WEST COMMERCIAL BLVD. #25 FORT LAUDERDALE, FL 33309 US	3601 WEST COMMERCIAL BLVD. #25 FORT LAUDERDALE, FL 33309 US

07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0841035
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GASS, DANIEL G
10001 NW 50TH ST.
STE. 204
SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

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

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

TITLE	P
NAME	LJUNG, YNGEBORG
STREET ADDRESS	1445 ATLANTIC STORES BLVD #401
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4/25/03 60009 023 145.00

DO NOT WRITE IN THIS SPACE

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: Ynge Ljung Ynge Ljung 7/6/04 954 6676637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7115

Attachment

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To whom it may concern:

Last year we inadvertently paid the $150 fee twice, once by check and another online. We have called earlier and were told that this was correct. They did receive both payments. Please apply the payment from last year and apply it to this year. Thanks for your attention to this matter. If there are any questions, please call me at the number listed below.

Sincerely yours,

Ynge Ljung 7/6/04

Ynge Ljung

3601 W Commercial Blvd # 25
Fort Lauderdale, FL 33309
954-667-6637