

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90385 043 \*\*\*150.00

DOCUMENT # 702000111045

1. Entity Name

Emerald Garden Natural Health  
Consulting, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

16800 SW 74th Ct

3. Mailing Address

same

Suite, Apt. #, etc.

Palmetto Bay, FL 33

Suite, Apt. #, etc.

City & State

City & State

Zip

33157

Country

Zip

Country

4. FEI Number

43-1980390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034B (8/05)

40074982

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Tuckfield, Irene F ESQ

Street Address (P.O. Box Number is Not Acceptable)

12720 SW 147 St

City

Miami

FL

Zip Code

33186

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
Shill, Carol F  
16800 SW 74th Ct  
Miami, FL 33157

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #