2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090126

1820 SW 85TH CT

MIAMI, FL 33155

Address: City-St-Zip:

Entity Name: EASY HEALTH SOLUTIONS CORP

FILED Apr 23, 2008 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place of Business:	
7175 SW 8 MIAMI, FL	8TH ST SUITE 33144	# 210		
Current Mailing Address:			New Mailing Address:	
7175 SW 8 MIAMI, FL	8TH ST SUITE 33144	#210		
FEI Number	: 20-5174842	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
MOLINA, 3 1820 SW 8 MIAMI, FL	35TH CT 33155 US	submits this statement for the r	ourpose of changing its registered	d office or registered agent, or both,
	e of Florida.		J	
SIGNATU	RE:			
	Electror	nic Signature of Registered Age	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (MOLINA, JESU 1820 SW 85TH MIAMI, FL 331	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP (MOLINA, JESU 1820 SW 85TH MIAMI, FL 331	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	VP () MOLINA, IDELI) Delete A	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JESUS MOLINA PD 04/23/2008