## 2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N11000002597

Entity Name: MIAMI HEALTHY KIDS INC.

**Current Principal Place of Business:** 

1395 NE 33RD AVE #107 HOMESTEAD, FL 33033

**Current Mailing Address:** 

P O BOX 900797

HOMESTEAD, FL 33090

FEI Number: 45-0625959 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEE, DEMARIO C 1395 NE 33RD AVE #107 HOMESTEAD, FL 33033 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:

Electronic Signature of Registered Agent

Date

FILED Aug 20, 2013

Secretary of State CC1115317045

Officer/Director Detail:

Title P Title DIRECTOR

Name LEE, DEMARIO C Name WILLIAMS, CHARTANEK M

Address 1395 NE 33 AVENUE #107 Address 197 SW 7TH ST #304

City-State-Zip: HOMESTEAD FL 33033 City-State-Zip: HOMESTEAD FL 33030

Title BM Title BM

NameLEE, DECHRISSYNameLEE, DILLINAddress834 SW 1ST STAddress834 SW 1ST ST

City-State-Zip: FLORIDA CITY FL 33034 City-State-Zip: FLORIDA CITY FL 33034

Title BM

Name TENNER, DEUNTA Address 834 SW 1ST ST

City-State-Zip: FLORIDA CITY FL 33034

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEMARIO CHRIS LEE

**PRESIDENT** 

08/20/2013