

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000099091

**Entity Name:** HEALTHY LIFESTYLE PRODUCTS, INC.

**Current Principal Place of Business:**

600 NORTH BLVD. W  
SUITE D  
LEESBURG, FL 34748

**Current Mailing Address:**

600 NORTH BLVD. W  
SUITE D  
LEESBURG, FL 34748 US

**FEI Number:** 27-4181493

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOLDSTEIN, GERALD  
600 NORTH BLVD. W  
SUITE D  
LEESBURG, FL 34748 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

**Officer/Director Detail :**

Title P  
Name GOLDSTEIN, ROBERT  
Address 600 NORTH BLVD. W  
City-State-Zip: LEESBURG FL 34748

Title VP  
Name GOLDSTEIN, GERALD  
Address 600 NORTH BLVD. W  
City-State-Zip: LEESBURG FL 34748

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

**SIGNATURE:** ROBERT GOLDSTEIN

**PRESIDENT**

**04/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date