

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000018525

**Entity Name:** 2 BE HEALTHY INC.

**Current Principal Place of Business:**

4588 NE 2ND AVENUE  
MIAMI, FL 33137

**Current Mailing Address:**

4588 NE 2ND AVENUE  
MIAMI, FL 33137 US

**FEI Number:** 47-3272677

**Certificate of Status Desired:** No

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

GALIPO, JANET  
510 W 30 STREET  
MIAMI BEACH, FL 33140 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            D  
Name            GALIPO, JANET  
Address        510 W. 30 STREET  
City-State-Zip: MIAMI BEACH FL 33140

*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:** JANET GALIPO

**OWNER**

**03/17/2017**

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

\_\_\_\_\_ Date