

2016 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

03/02/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date