

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001615

**Entity Name:** MHP, INC. PROMOVRIENDO VIDAS SALUDABLES

**FILED**  
**Feb 03, 2014**  
**Secretary of State**  
**CC1324955682**

**Current Principal Place of Business:**

2111 GOLFSIDE DRIVE  
SUITE 2B  
YPSILANTI, MI 48197

**Current Mailing Address:**

2111 GOLFSIDE DRIVE  
SUITE 2B  
YPSILANTI, MI 48197

**FEI Number: 38-3092194**

**Certificate of Status Desired: No**

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

REINERT, COLLEEN  
7282 55TH AVENUE EAST  
#219  
BRADENTON, FL 34203 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            PRESIDENT  
Name            ARCILA, FABIO JR.  
Address        53 BOERUM PL, #2K  
City-State-Zip: BROOKLYN NY 11201

Title            SECRETARY  
Name            LAWN-DAY, GAYLE  
Address        5220 W. AGATE STREET  
City-State-Zip: PASCO WA 78552

Title            TREASURER  
Name            MCKAY, MICHELLE  
Address        1718 HICKORY AVENUE  
City-State-Zip: FRUITLAND ID 83619

Title            BOARD AFFAIRS COMMITTEE  
Name            MOUCH, JUDITH  
Address        17337 WARRINGTON DRIVE  
City-State-Zip: DETROIT MI 48221

Title            VICE PRESIDENT  
Name            PHILLIPS MARTINEZ, AMANDA  
Address        190 ROCKYFORD ROAD  
City-State-Zip: ATLANTA GA 30317

Title            PR COMMITTEE  
Name            SALINAS, JOSE P.  
Address        428 1/2 CROGHAN STREET  
City-State-Zip: FREMONT OH 43420

Title            FINANCE COMMITTEE  
Name            VALERIO, MELISSA A.  
Address        16810 MARLHEAD  
City-State-Zip: HELOTES TX 78023

Title            AT-LARGE  
Name            VINEYARD, JONATHAN  
Address        615 ELSINORE PLACE  
City-State-Zip: CINCINNATI OH 45202

*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: GAYLE LAWN-DAY**

**CEO**

**02/03/2014**

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

\_\_\_\_\_  
Date