

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000000429

1. Entity Name
PERFECT HEALTH SUPPLIES, INC.



Principal Place of Business
**931 ASCAN ST
VALLEY STREAM, NY 11580**

Mailing Address
**6373 N. ORANGE BLOSSOM TRAIL, UNIT B
ORLANDO, FL 32810**



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3495077

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAEES, AMER
6373 N. ORANGE BLOSSOM TRAIL, UNIT B
ORLANDO, FL 32810**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

400000370025
07/01/05-80005-005 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAEES, AMER 6373 N. ORANGE BLOSSOM TRAIL, UNIT B ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HAYAT, RIFFAT 931 ASCAN ST VALLEY STREAM, NY 11580
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AMER, FARINA 6373 N. ORANGE BLOSSOM TRAIL, UNIT B ORLANDO, FL 32810
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ames Raees

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/05

Date

407-298-1772

Daytime Phone #