# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 10, 2012**
**Secretary of State**

DOCUMENT# F04000000429

**Entity Name:** PERFECT HEALTH SUPPLIES, INC.

**Current Principal Place of Business:**

931 ASCAN ST
VALLEY STREAM, NY 11580

**New Principal Place of Business:**

931 ASCAN ST
46711-2157
VALLEY STREAM, NY 11580

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 11-3495077** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: P
Name: RAEES, AMER
Address: 6373 N. ORANGE BLOSSOM TRAIL, UNIT B
City-St-Zip: ORLANDO, FL 32810 US

Title: M
Name: AMER, FARINA
Address: 6373 N. ORANGE BLOSSOM TRAIL, UNIT B
City-St-Zip: ORLANDO, FL 32810 US

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: AMER RAEES PRES 01/10/2012

Electronic Signature of Signing Officer or Director — Date