

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90327 046 \*\*\*150.00

**DOCUMENT # G70657**

1. Entity Name  
**A CONSUMER'S HEALTH AGENCY OF FLORIDA, INC.**



Principal Place of Business	Mailing Address
1280 N CONGRESS AVE 107 WEST PALM BEACH, FL 33409 US	1280 N CONGRESS AVE 107 WEST PALM BEACH, FL 33409 US

**50037755**



04082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2341144</b>	Applied For Not Applicable
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5.- Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCALA SCALA, FRNK ORIJENDO  
 894 PATRICK DRIVE.  
 WEST PALM BEACH, FL

**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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCALA, FRANK ORIJENDO JR 894 PATRICK DR WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.05

Date

Daytime Phone #