

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90283 008 ***150.00

20021443




03042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0083940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # M90974

1. Entity Name
COOPER CITY HEALTH FOODS, INC.



Principal Place of Business 491 N.W. 43RD WAY DEERFIELD BEACH, FL 33442	Mailing Address 491 N.W. 43RD WAY DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, JOEL
 500 N.E. THIRD AVE.
 FT. LAUDERDALE, FL 33301

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEDORUK, CARLA D. 491 N.W. 43RD WAY DEERFIELD BCH., FL
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Carla Fedoruk* **3/17/06** 954-434-6414
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #