

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000817

FILED
Jan 09, 2004
Secretary of State

Entity Name: HEALTHIER WAY OF LIFE II, INC.

Current Principal Place of Business:

4580 SW 33RD AVE
DANIA, FL 33312

New Principal Place of Business:

Current Mailing Address:

4580 SW 33RD AVE
DANIA, FL 33312

New Mailing Address:

FEI Number: 65-0983545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, JOSEPH B
4580 SW 33RD AVE
DANIA, FL 33312

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: TP () Delete
Name: WILLIAMS, MALA D
Address: 4580 SW 33RD AVE
City-St-Zip: DANIA, FL 33312

Title: TV () Delete
Name: WILLIAMS, JOSEPH B
Address: 4580 SW 33RD AVE
City-St-Zip: DANIA, FL 33312

Title: TD () Delete
Name: BISPOTT, JOAN E
Address: 4580 SW 33RD AVE
City-St-Zip: DANIA, FL 33312

Title: TD () Delete
Name: GEORGE, BEVERLY
Address: 4580 SW 33RD AVE
City-St-Zip: DANIA, FL 33312

Title: TD () Delete
Name: SOLOMON, GLORIA
Address: 4580 SW 33RD AVE
City-St-Zip: DANIA, FL 33312

Title: TD () Delete
Name: BOODRAM, RAQUEL
Address: 4580 SW 33RD AVE
City-St-Zip: DANIA, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH B WILLIAMS

TV

01/09/2004

Electronic Signature of Signing Officer or Director

Date