

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006684

FILED  
Jul 01, 2008  
Secretary of State

**Entity Name:** HEALTHY CHOICES AND LIFESTYLES, INC.

**Current Principal Place of Business:**

12590 NE 16TH AVENUE  
#606  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

12590 NE 16TH AVENUE  
#606  
NORTH MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 20-3081345      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

JOHNSON, PHYLLIS  
12590 NE 16TH AVENUE  
#606  
NORTH MIAMI, FL 33161 US

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: D ( ) Delete  
Name: SIMPKINS, FELIX  
Address: 3601 NW 194TH TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete  
Name: ALFORD, BARBARETTE  
Address: 5242 NW 25TH AVENUE  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: CALLINGTON, SHIRLEY  
Address: 3404 SW 63RD WAY  
City-St-Zip: MIRAMAR, FL 33023

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PHYLLIS JOHNSON

RA

07/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date