2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000009068

1. Entity Name
A HEALTHY START INC.

Principal Place of Business	Mailing Address
1925 W FLAGLER STREET MIAMI, FL 33135	1925 W FLAGLER STREET MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

01222008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
20-3467835	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, EFRAIN JR
1925 W FLAGLER STREET
MIAMI, FL 33135

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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

Filing Fee is $61.25 **Due by May 1, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	VALDES, EFRAIN JR
STREET ADDRESS	1925 W FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	STD
NAME	MARTINEZ, YAMILE
STREET ADDRESS	13315 SW 110 AVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/08-80057-009 70.00

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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 617, 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: _____   1/21/08   3056436385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #