

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90066 021 \*\*\*\*61.25

**DOCUMENT # N27578**

1. Entity Name

TASTE OF HEALTH, INC.



Principal Place of Business

2830 OAK AVENUE  
COCONUT GROVE FL 33133  
US

Mailing Address

2830 OAK AVENUE  
COCONUT GROVE FL 33133

**50010030**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

434 ARAGON AVE 434 ARAGON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip 33134

Country U.S.

City & State

CORAL GABLES FL

Zip 33134

Country U.S.

4. FEI Number

65-0069551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PUKEL, SANDFORD  
2830 OAK AVENUE  
COCONUT GROVE FL 33133

*SAN*

7. Name and Address of New Registered Agent

Name SANFORD PUKEL

Street Address (P.O. Box Number is Not Acceptable)

434 ARAGON AVE

City CORAL GABLES

FL

Zip Code 33134

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 \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME PUKEL, SANFORD  
STREET ADDRESS 2830 OAK AVENUE  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☐ Delete  
NAME KRUG, LARRY  
STREET ADDRESS 3028 AVIATION AVE  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☐ Delete  
NAME REILLY, TOM  
STREET ADDRESS 1790 KEYSTONE BLVD.  
CITY-ST-ZIP N. MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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: *SANFORD PUKEL* SANFORD PUKEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05 305 725 0081

Date

Daytime Phone #