

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032061

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** GAPARDIS HEALTH & BEAUTY, INC.

**Current Principal Place of Business:**

6848 NW 77TH COURT  
MIAMI, FL 33166

**New Principal Place of Business:**

1 S.E. 3RD AVE  
1860  
MIAMI, FL 33131

**Current Mailing Address:**

PO BOX 191014  
MIAMI BEACH, FL 33119

**New Mailing Address:**

1 S.E. 3RD AVE  
1860  
MIAMI, FL 33131

**FEI Number:** 65-1005540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOLSKI, STEVE  
2600 DOUGLAS ROAD  
SUITE 1109  
CORAL GABLES, FL 33134 US

**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: PD  
Name: FARAH, MICHEL  
Address: 6848 NW 77TH COURT  
City-St-Zip: MIAMI, FL 33166

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHEL FARAH

PD

01/05/2011

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

\_\_\_\_\_ Date