

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000087909

1. Entity Name
HEALTHIER CHOICES TO GO, INC.



Principal Place of Business
**4214 ROYAL PALM AVE
MIAMI BEACH, FL 33140**

Mailing Address
**4214 ROYAL PALM AVE
MIAMI BEACH, FL 33140**



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1136186** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ESPAILLAT, LEOPOLDO
4214 ROYAL PALM AVE
MIAMI BEACH, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **ESPAILLAT, LEOPOLDO**
STREET ADDRESS **4214 ROYAL PALM AVE**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **VD**
NAME **PEREZ, DAYANA**
STREET ADDRESS **4214 ROYAL PALM AVE**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

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STREET ADDRESS
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05/04/04-80065-010 150.00**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/04 **786-408-1199**
Date Daytime Phone #