2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/4

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-04-2003 90145 015 ***150.00

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DOCUMENT # P02000029103

1. Entity Name
HIS MANNA, INC.

Principal Place of Business	Mailing Address
232 S.E. 6TH ST. DANIA BEACH FL 33004	232 S.E. 6TH ST. DANIA BEACH FL 33004

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 03-0440594 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAIZOVI, JOHN 232 S.E. 6TH ST. DANIA BEACH FL 33004	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAIZOVI, JOHN 232 S.E. 6TH ST. DANIA BEACH FL 33004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAIZOVI, LAURIE 232 S.E. 6TH ST. DANIA BEACH FL 33004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED 7/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment #41660 7/29/03

[redacted]

P02000029103

To Whom it may Concern,

This is our first letter or statement concerning our payment of $150. This is also our first year as a S-Corp business, and have never seen this form before. Last month we received this statement.

Enclosed is our payment of $150 for our dues. Please contact me if there is a problem.

His Manna Inc.
232 S.E. 6th St.
Dania Bch. Fl.
33004

or 1-866-76-Reliv

Thank you.

Laura DaiZovi