

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054455

FILED  
Apr 04, 2004  
Secretary of State

Entity Name: ALIVE & WELL NATURALLY, INC.

## Current Principal Place of Business:

621 NORTHLAKE BLVD.  
WEST PALM BEACH, FL 33408

## New Principal Place of Business:

621 NORTHLAKE BLVD.  
NORTH PALM BEACH, FL 33408

## Current Mailing Address:

621 NORTHLAKE BLVD.  
WEST PALM BEACH, FL 33408

## New Mailing Address:

621 NORTHLAKE BLVD.  
NORTH PALM BEACH, FL 33408

FEI Number: 37-1430275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, TERESA  
621 NORTHLAKE BLVD.  
WEST PALM BEACH, FL 33408

## Name and Address of New Registered Agent:

LOPEZ, TERESA  
621 NORTHLAKE BLVD.  
NORTH PALM BEACH, FL 33408

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: TERESA LOPEZ

04/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: OP ( ) Delete  
Name: LOPEZ, TERESA M  
Address: 1071 PINEPOINT  
City-St-Zip: SINGER ISLAND, FL 33404

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TERESA LOPEZ

OP

04/04/2004

Electronic Signature of Signing Officer or Director

Date