
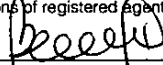
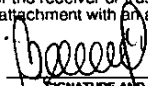


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90085 048 \*\*\*150.00

<b>DOCUMENT # P02000097798</b> 1. Entity Name <b>HEALTHY LIFE, INC.</b>					
Principal Place of Business <b>9351 FONTAINEBLEAU BLVD APT #B-230 MIAMI, FL 33172</b>			Mailing Address <b>9351 FONTAINEBLEAU BLVD APT #B-230 MIAMI, FL 33172</b>		
2. Principal Place of Business <b>8860 Fontainebleau Blvd</b>		3. Mailing Address <b>8860 Fontainebleau Blvd.</b>			
Suite, Apt. #, etc. <b>#104</b>		Suite, Apt. #, etc. <b>#104</b>			
City & State <b>Miami, FL.</b>		City & State <b>Miami, FL.</b>			
Zip <b>33172</b>		Country <b>DADE</b>		4. FEI Number <b>33-1021095</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>NARANJO, BEATRIZ E 9351 FONTAINEBLEAU BLVD APT #B-230 MIAMI, FL 33172</b>			7. Name and Address of New Registered Agent Name <b>NARANJO BEATRIZ E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8860 Fontainebleau Blvd #104</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33172</b>		
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  DATE <b>04/27/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP NARANJO, BEATRIZ E 9351 FONTAINEBLEAU BLVD APT #B-230 MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CASTRO, CARLOS A 9351 FONTAINEBLEAU BLVD APT #B-230 MIAMI, FL 33172	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NARANJO, BEATRIZ E. 8860 FONTAINEBLEAU BLVD #104 MIAMI, FL. 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CASTRO, CARLOS A. 8860 FONTAINEBLEAU BLVD #104 MIAMI, FL. 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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:  DATE <b>04/27/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					