


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90060 011 ***150.00

| | |
|---|---|
| DOCUMENT # P02000097798 |  |
| 1. Entity Name HEALTHY LIFE, INC. | |

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|--|--|
| Principal Place of Business 8860 FONTAINEBLEAU BLVD #104 MIAMI, FL 33172 | Mailing Address 8860 FONTAINEBLEAU BLVD #104 MIAMI, FL 33172 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # 8260 SW 149 CT Suite, Apt., etc. Suite #101 | 3. Mailing Address 8260 SW 149 CT Suite, Apt., etc. Suite #101 |
| City & State Miami, FL | City & State Miami, FL |
| Zip 33193 | Zip 33193 |
| Country | Country |

40106890



04242007 Chg-P CR2E034 (12/06)

| | |
|---|--|
| 4. FEI Number 33-1021095 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent NARANJO, BEATRIZ E 8260 SW 149TH CT SUITE 101 MIAMI, FL 33193 | 7. Name and Address of New Registered Agent 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 \$150.00
After May 1, 2007 Fee will be \$550.00**

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 | DP NARANJO, BEATRIZ E 8260 SW 149TH CT SUITE 101 MIAMI, FL 33193 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV CASTRO, CARLOS A 8260 SW 149TH CT SUITE 101 MIAMI, FL 33193 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #