## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000111115

16486 ERIE PL

**DAVIE, FL 33331** 

Address:

City-St-Zip:

Entity Name: HOW TO IMPROVE YOUR HEALTH, INC.

FILED Aug 01, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 16486 ERIE PL DAVIE, FL 33331 **Current Mailing Address: New Mailing Address:** 16486 ERIE PL **DAVIE, FL 33331** FEI Number: 56-2301278 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COHN, ALAN B 2021 TYLER ST HOLLYWOOD, FL 33020 US 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition VENTURA, LUIS Name: Name: 16486 ERIE PL Address: Address: City-St-Zip: **DAVIE, FL 33331** City-St-Zip: Title: Title: () Change () Addition () Delete VENTURA, ARSINOE Name: 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: LUIS VENTURA D 08/01/2005