

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000002477**

1. Entity Name  
HEALTHY BEHAVIOR CONSULTANT, INC.



Principal Place of Business  
11003 W OKEECHOBEE RD UNIT #101  
HIALEAH GARDENS, FL 33018

Mailing Address  
11003 W OKEECHOBEE RD UNIT #101  
HIALEAH GARDENS, FL 33018

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
04-3735073

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAYAN, POMPILO M  
11003 W OKEECHOBEE RD UNIT #101  
HIALEAH GARDENS, FL 33018

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PAYAN, POMPILO M  
STREET ADDRESS 11003 W OKEECHOBEE RD UNIT #101  
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

TITLE  
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01/14/05-80050-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

Pomilio M. Payan

1/11/05

302-979-5477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #