

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000082721

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** ALTERNATIVE HEALTH PRODUCTS, INC.

**Current Principal Place of Business:**

4846 N UNIVERSITY DR  
288  
LAUDERHILL, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

4846 N UNIVERSITY DR  
288  
LAUDERHILL, FL 33351

**New Mailing Address:**

**FEI Number:** 51-0476540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERT COHEN  
4846 N UNIV DR  
488  
LAUDERHILL, FL 33351 US

**Name and Address of New Registered Agent:**

ROBERT COHEN  
4846 N UNIV DR  
288  
LAUDERHILL, FL 33351 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: ROBERT COHEN

Electronic Signature of Registered Agent

04/26/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COHEN, ROBERT  
Address: 4846 NORTH UNIV. DR  
City-St-Zip: LAUDERHILL, FL 33317

I hereby 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 all other like empowered.

SIGNATURE: ROBERT COHEN

Electronic Signature of Signing Officer or Director

P

04/26/2011

Date