2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: <u></u>

Jul 23, 2004 8:00 am Secretary of State DOCUMENT # P03000090685 07-23-2004 90007 043 ***150 00 1-2-3 HEALTHY FOODS CO. INC. Principal Place of Business Mailing Address 44049608 2620 N.W.97TH AVENUE 2620 N.W.97TH AVENUE MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07162004 CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 51-0462576 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name maritza FUENTES, MARTITZA 2620 N.W.97TH AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33172 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change Addition TITLE TITLE FUENTES, MARITZA NAME NAME 2620 N.W.97TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP* ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

DE LA HOZ & ASSOCIATES, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

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MEMBER OF THE
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304 PALERMO AVENUE

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TELEPHONE (305) 448-5585

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July 16, 2004

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: 1-2-3 Healthy Foods Co., Inc. FEI# 51-0462576 2004 Annual Report

To Whom It May Concern:

We are responding on behalf of the above referenced taxpayer regarding the 2004 Annual Report. The initial reminder to file the 2004 Annual Report was never received by the above referenced taxpayer. Also as a recently incorporated company, the taxpayer was not advised by the prior accountant of the filing requirements or dues dates with the State of Florida. Upon engaging our firm as their Certified Public Accountants, it was discovered that the 2004 Annual Report was not filed. We have since then prepared the 2004 Annual Report and will be enclosing it with this letter for your consideration.

We kindly ask that you accept the enclosed 2004 Annual Report along with the \$150.00 fee as fulfilling the requirements for filing the 2004 Annual Report.

Should you require additional information, please do not hesitate to contact me at (305) 448-5585.

Sincerely.

Nicole M. Martinez

De La Hoz & Associates, P.A.

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