

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027278

FILED
Mar 04, 2005
Secretary of State

Entity Name: HEALTH IMPROVEMENT CENTER, INC.

Current Principal Place of Business:

7601 W. FLAGLER ST., STE 213
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

7601 W. FLAGLER ST., STE 213
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-0724479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, YOANY
4720 NW 4TH TERRACE
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANCHEZ, LIUDMILA
Address: 1705 SW 83RD CT.
City-St-Zip: MIAMI, FL 33155

Title: VST () Delete
Name: SANCHEZ, YOANY
Address: 4720 NW 4TH TERRACE
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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: LIUDMILA SANCHEZ

P

03/04/2005

Electronic Signature of Signing Officer or Director

Date