

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90024 006 \*\*\*158.00

40000145



01052005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000148304</b>											
<b>1. Entity Name</b> HEALTHY AT HOME INC											
<b>Principal Place of Business</b> 6260 N.W 111 TERRACE MIAMI, FL 33012 US			<b>Mailing Address</b> 6260 N.W 111 TERRACE MIAMI, FL 33012 US								
<b>2. Principal Place of Business</b> 900 W. 49 St Suite, Apt. #, etc. Suite 326		<b>3. Mailing Address</b> 900 W. 49 St. Suite, Apt. #, etc. Suite 326		<b>4. FEI Number</b> 201811774 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Applied For</b></td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		<b>Applied For</b>	Not Applicable				
<b>Applied For</b>											
Not Applicable											
<b>City &amp; State</b> Hialeah, FL		<b>City &amp; State</b> Hialeah, FL									
<b>Zip</b> 33012		<b>Country</b> Dade									
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>											
<b>6. Name and Address of Current Registered Agent</b>  GONZALEZ, MARIA 6260 N.W 111 TERRACE MIAMI, FL 33012			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>Name</b></td> </tr> <tr> <td><b>Street Address (P.O. Box Number is Not Acceptable)</b></td> </tr> <tr> <td><b>City</b></td> </tr> <tr> <td style="text-align: right;"><b>FL</b> <b>Zip Code</b></td> </tr> </table>			<b>Name</b>	<b>Street Address (P.O. Box Number is Not Acceptable)</b>	<b>City</b>	<b>FL</b> <b>Zip Code</b>		
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<b>Street Address (P.O. Box Number is Not Acceptable)</b>											
<b>City</b>											
<b>FL</b> <b>Zip Code</b>											
<b>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.</b>											
<table style="width:100%;"> <tr> <td style="width: 30%;"> <b>SIGNATURE</b> </td> <td style="width: 40%; text-align: center;"> <b>Maria Gonzalez, President</b> </td> <td style="width: 30%; text-align: right;"> <b>01/06/05</b> </td> </tr> <tr> <td style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable</td> <td style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="font-size: small; text-align: right;">DATE</td> </tr> </table>						<b>SIGNATURE</b>	<b>Maria Gonzalez, President</b>	<b>01/06/05</b>	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
<b>SIGNATURE</b>	<b>Maria Gonzalez, President</b>	<b>01/06/05</b>									
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>									
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>								
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	GONZALEZ, MARIA 50%		NAME								
STREET ADDRESS	6260 N.W 111 TERRACE		STREET ADDRESS								
CITY-ST-ZIP	MIAMI, FL 33012		CITY-ST-ZIP								
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	MITRANI, ROSA 50%		NAME								
STREET ADDRESS	3120 S.W 139 AVE		STREET ADDRESS								
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
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NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
<b>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.</b>											
<b>SIGNATURE:</b>			<b>Maria Gonzalez</b>								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>01/06/05</b>								
			<b>305-556-2943</b>								
			Date Daytime Phone #								