2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000148304 1. Entity Name HEALTHY AT HOME INC						01-10-2005 90024 006 ***158.00			
Principal Place of Business 6260 N.W 111 TERRACE MIAMI, FL 33012 US		Mailing Address 6260 N.W 111 TERRACE MIAMI, FL 33012 US			40000145				
2. Principal Place of Business 900 W. 49 54		3. Mailing Address 900 W. 49 St.		# P P P P P P P P P P P P P P P P P P P					
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 326		01052005	Chg-P	CR2EC	34 (10/03)		
City & Stat	ah, FL	Hialeah	FL.	·	4. FEI Numb	3 11774			oplied For ot Applicable
^{Zip} 330\	2 Dade	^{Zio} 3301ス	Countr		5. Certificate	of Status Desired	$\mathbf{\Xi}'$	\$8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent		Name	7. Name and	Address of New	Registered /	Agent	
GONZALEZ, MARIA 6260 N.W 111 TERRACE MIAMI, FL 33012				Name Street Addr	ddress (P.O. Box Number is Not Acceptable)				
			-	City			FL	Zip Cod	e
8. The above	named entity submits this statement for	r the purpose of changing its	s registered	t office or re	raistered agent or bo	th, in the State of F		familiar with	and account
the obligat	tions of registered agent.		_				ionua. Tani	armirar witri,	ана ассерт
SIGNATURE William Maria Gonzalez President 01/06/05 Signature, typod orbinited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name of registered agent a	and title if applicable. (NO		Agent signature r		-	DATE	,L	
	Signature, typed of Frinted name of registered agent a E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa	TE: Registered /				DATE		
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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.

SIGNAT	URE:	
		CICNA

Maria Gonzalez

01/06/05

305-556-2943

Date

Daytime Phone #