2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State

ANNUAL REPORT				_ Secretary of State
DOCUMENT # P05000028994				04-04-2008 90014 040 ***150.00
1. Entity Name SAY YES TO HEALTH NOW INC.				
Principal Plac	e of Business	Mailing Address		3000-
5740 TYLER STREET		5740 TYLER STREET		
HOLLYWOOD, FL 33021		HOLLYWOOD, FL 33021		,
				I JAARIAAN IN ARIUS AHII RAHII BAHII BAHII BAHII ARIII JANA IRIIA YAHA DIGUBU HI HABI
Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222008 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number Applied For 20-2657631 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current	Registered Agent	Nome	7. Name and Address of New Registered Agent
VALCOURT, HUGUES DR.			Name	
5740 TYLER STREET			Street Addre	ess (P.O. Box Number is Not Acceptable)
HOLLYWOOD, FL 33021				
			City	FL 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. (NOTE: Registered Agent signature required when reinstating). DATE				
To England Agent agent and Agent agent and Agent				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	CEO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	VALCOURT, HUGUES DR. 5740 TYLER STREET		NAME STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	
THLE	Р	Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	VALCOURT, JACQUELINE DR. 5740 TYLER STREET	/ \	NAME STREET ADDRESS	
CITY-S1-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	
TITLE	VPPR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VALCOURT, MARIO		NAME	
STREET ADDRESS CITY-ST-ZIP	5740 TYLER STREET HOLLYWOOD, FL 330231		STREET ADDRESS CITY-ST-ZIP	
TITLE	VPMA	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VALCOURT, SYLVAIN		NAME	
STREET ADDRESS CITY-ST-ZIP	5740 TYLER STREET HOLLYWOOD, FL 33021		STREET ADDRESS CITY-ST-ZIP	
TITLE	VPME	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VALCOURT, CARA		NAME	
STREET ADDRESS CITY-ST-ZIP	5740 TYLER STREET		STREET ADDRESS CITY-ST-ZIP	
	HOLLYWOOD, FL 33021		-	☐ Change ☐ Addition
TITLE NAME	VPPR VALCOURT, PIERRE	☐ Delete	TITLE NAME	्र चतात्रपुर ह्य Addition
STREET ADDRESS	5740 TYLER STREET		STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RT 3/

3 954-347-60

Daytime Phone #