

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090126

FILED  
Jul 12, 2007  
Secretary of State

Entity Name: EASY HEALTH SOLUTIONS CORP.

## Current Principal Place of Business:

P O BOX 440755  
MIAMI, FL 331440755

## New Principal Place of Business:

7175 SW 8TH ST SUITE# 210  
MIAMI, FL 33144

## Current Mailing Address:

P O BOX 440755  
MIAMI, FL 331440755

## New Mailing Address:

7175 SW 8TH ST SUITE#210  
MIAMI, FL 33144

FEI Number: 20-5174842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOLINA, JESUS  
1820 SW 85TH CT  
MIAMI, FL 33155 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MOLINA, JESUS  
Address: 1820 SW 85TH CT  
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete  
Name: MOLINA, JESUS  
Address: 1820 SW 85TH CT  
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete  
Name: MOLINA, IDELIA  
Address: 1820 SW 85TH CT  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated 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 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: JESUS MOLINA

PD

07/12/2007

Electronic Signature of Signing Officer or Director

Date