2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090126

1820 SW 85TH CT

MIAMI, FL 33155

Address: City-St-Zip:

Entity Name: EASY HEALTH SOLUTIONS CORP

FILED Feb 05, 2009 Secretary of State

y rea		EXETTIONED TIONS CONT.			
Current P	rincipal Plac	e of Business:	New Principal Place of	New Principal Place of Business:	
7175 SW 8TH ST SUITE# 210 MIAMI, FL 33144			8201 NW 66TH STREET STE#5 MIAMI, FL 33166		
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
7175 SW 8TH ST SUITE#210 MIAMI, FL 33144			8201 NW 66TH STREET STE#5 MIAMI, FL 33166	STE#5	
FEI Number	: 20-5174842	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
	35TH CT 33155 US anamed entity		ourpose of changing its registered o	ffice or registered agent, or both,	
	e of Florida. 				
SIGNATU		uis Oisus atoms of Desciators of Assa		Dele	
		nic Signature of Registered Age	PIIL	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (MOLINA, JESU 1820 SW 85TI MIAMI, FL 33	H CT	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	VP (MOLINA, JESU 1820 SW 85TI MIAMI, FL 33	H CT	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name:	VP (MOLINA, IDEL) Delete IA	Title: () Name:	Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JESUS MOLINA PD 02/05/2009