2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2007 8:00 am Secretary of State

DOCUMENT # P06000097764 1. Entity Name EYES IRIDOLOGY HEALTH CARE CORP.							01-19-2007	90028 0	06 ***15	50.00	
Principal Place	e of Rusiness		Ma	ailing Address		1	1				
Principal Place of Business 11337 W. FLAGLER ST. MIAMI, FL 33174			1	11337 W. FLAGLER ST. MIAMI, FL 33174			 		500Q		TI JI) II 1 01 1
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01102007	Chg-P		34 (12/06)	
City & State				City & State			20-5	2755	86.	No	oplied For ot Applicable
Zip		Country	<u> </u>	?ip	Coun	itry	5. Certificate o	Status Desired		8.75 Add ee Require	litional d
	6. Name	and Address of Cur	rent Regis	tered Agent		Name	7. Name and A	ddress of New R	egistered A	gent	·
CASTRO, JORGE E. 11337 W. FLAGLER ST.							s (P.O. Box Number is Not Acceptable)				
MIAMI, FL											<u>.</u>
						City			FL	Zip Code	e
	named entity		ent for the p	urpose of changing its	register	l ed office or registe	ered agent, or both	, in the State of Flo		l amiliar with,	and accept
SIGNATURE_	Signeture typed	or printed name of registered	snert and bile	fennicable (NOI	F: Registere	d Agent signature require	ed when remetation)		DATE		
<u> </u>		or printed have to regard to the									
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FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$5	50.00	Election Campa Trust Fund Cont	ign Finar	ncing \$5	5.00 May Be ded to Fees	HANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
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indicated on this report or supplemental report strue 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 trueted endowers by 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:

POPPED OR PRINTED RAINE DE SIGNING OFFICER OR DIRECTOR

Daytime Phone #