2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139601

Entity Name: A.S. HEALTHY CHOICE, CORP.

FILED Jul 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9055 SW 73 CT. #905 MIAMI, FL 33156

Current Mailing Address: New Mailing Address:

9055 SW 73 CT. #905 MIAMI, FL 33156

FEI Number: 20-5848780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUAREZ, ADOLFO A SR. SUAREZ, ADOLFO A JR. 12379 SW 124 TERRACE 9055 SW 73 CT #905 MIAMI, FL 33186 MIAMI, FL 33156

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: ADOLFO SUAREZ 07/04/2007

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

SUAREZ, ADOLFO A SR. SUAREZ, ADOLFO A JR. Name: Name: 12379 SW 124 TERRACE Address: 9055 SW 73 CT #905 Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33156

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: ADOLFO SUAREZ **PRES** 07/04/2007