

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139601

FILED  
Apr 06, 2008  
Secretary of State

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

## Current Principal Place of Business:

11238 NW 53 LN.  
MIAMI, FL 33178

## New Principal Place of Business:

## Current Mailing Address:

11238 NW 53 LN.  
MIAMI, FL 33178

## New Mailing Address:

FEI Number: 20-5848780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUAREZ, ADOLFO A JR.  
9055 SW 73 CT #905  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

SUAREZ, ADOLFO A  
11238 NW 53 LN.  
MIAMI, FL 33178 US

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 A. SUAREZ

04/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SUAREZ, ADOLFO A JR.  
Address: 9055 SW 73 CT #905  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SUAREZ, ADOLFO A  
Address: 11238 NW 53 LN.  
City-St-Zip: MIAMI, FL 33178

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 A. SUAREZ

PRES

04/06/2008

Electronic Signature of Signing Officer or Director

Date