

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146807

Entity Name: NATURAL HEALTH CORPORATION

FILED  
Jan 17, 2008  
Secretary of State

**Current Principal Place of Business:**

22003 SW 100 PL  
MIAMI, FL 33190

**New Principal Place of Business:**

10746 SW 186 STREET  
MIAMI, FL 33157

**Current Mailing Address:**

22003 SW 100 PL  
MIAMI, FL 33190

**New Mailing Address:**

10746 SW 186 STREET  
MIAMI, FL 33157

FEI Number: 20-5934621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEON, DANIEL  
22003 SW 100 PL  
MIAMI, FL 33190 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEON, DANIEL  
Address: 22003 SW 100 PL  
City-St-Zip: MIAMI, FL 33190

Title: VP ( ) Delete  
Name: ANZOLA, IVONNE M  
Address: 12400 SW 6 ST.  
City-St-Zip: MIAMI, FL 33184

Title: S ( ) Delete  
Name: LEON, JORGE L  
Address: 11940 SW 184 ST  
City-St-Zip: MIAMI, FL 33177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: ANZOLA, IVONNE M  
Address: 12400 SW 6 ST.  
City-St-Zip: MIAMI, FL 33184

Title: VP (X) Change ( ) Addition  
Name: LEON, JORGE L  
Address: 11940 SW 184 ST  
City-St-Zip: MIAMI, FL 33177

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: DANIEL LEON

P

01/17/2008

Electronic Signature of Signing Officer or Director

Date