

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000153304

**Entity Name:** HEALTH4LIVING, INC.

**FILED**  
**May 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3861 NW 171 STREET  
MIAMI GARDENS, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

3861 NW 171 STREET  
MIAMI GARDENS, FL 33055

**New Mailing Address:**

**FEI Number:** 20-8049528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DA COSTA ROBINSON, DOTT  
3861 NW 171 STREET  
MIAMI GARDENS, FL 33055 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DA COSTA ROBINSON, DOTT  
Address: 3861 NW 171 STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VPD  
Name: ROBINSON, WINSTON  
Address: 3861 NW 171 STREET  
City-St-Zip: MIAMI GARDENS, FL 33055

I hereby 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 all other like empowered.

SIGNATURE: DOTT DA COSTA ROBINSON

PD

05/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date