

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90021 021 ***150.00

DOCUMENT # P07000010220					
1. Entity Name HEALTHY LIFE SOLUTIONS, INC.					
Principal Place of Business 15011 ROYAL PALM LANE MIAMI LAKES, FL 33014			Mailing Address 15011 ROYAL PALM LANE MIAMI LAKES, FL 33014		
2. Principal Place of Business - No P.O. Box # 13305 SW 1 TERRACE		3. Mailing Address 13305 SW 1 TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL			
Zip 33184		Country USA		4. FEI Number 20-8298058	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEON, RODOLFO J 15011 ROYAL PALM LANE MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name: Arlene Insua Street Address (P.O. Box Number is Not Acceptable): 13305 SW 1 TERRACE City: Miami FL Zip Code: 33184		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Arlene Insua</u> DATE: <u>3/27/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEON, RODOLFO J <input checked="" type="checkbox"/> Delete 15011 ROYAL PALM LANE MIAMI LAKES, FL 33014		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD INSUA, ARLENE <input type="checkbox"/> Delete 15011 ROYAL PALM LANE MIAMI LAKES, FL 33014		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FALCON, JORGE <input type="checkbox"/> Delete 15011 ROYAL PALM LANE MIAMI LAKES, FL 33014		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Arlene Insua</u>			Date: <u>3/27/08</u> Daytime Phone #: <u>305-661-5185</u>		