2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 18, 2008 8:00 am
Secretary of State
05-21-2008 90029 018 ***150.00

DOCUMENT # P07000069237

1. Entity Name
HEALTHY GOURMET CONCEPTS, INC

66014365

Principal Place of Business	Mailing Address
3412 NORTH OCEAN BLVD SUITE N FT.LAUDERDALE FL 33308	3100 NE 49 STREET APT. 901 FT. LAUDERDALE FL 33308

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-0380707 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLIO, MICHAEL J
3100 NE 49 STREET
APT. 901
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	POLLIO, MICHAEL J	
STREET ADDRESS	3100 NE 49 STREET, APT. 901	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	SECR	☐ Delete
NAME	POOLE, HELMIS M	
STREET ADDRESS	3100 NE 49 STREET, APT. 901	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		☐ Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michael J Pollio Pres. 4/25/08 954-609-3551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #