

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085629

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** NATURAL HEALTH INNOVATIONS, CORP.

**Current Principal Place of Business:**

1745 WEST 33 PLACE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1745 WEST 33 PLACE  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 26-0624751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SENDON, JUAN E  
10025 SOUTHWEST 111 STREET  
MIAMI, FL 33176 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:** P, T  
**Name:** SENDON, JUAN E  
**Address:** 10025 SOUTHWEST 111 STREET  
**City-St-Zip:** MIAMI, FL 33176

**Title:** V, S  
**Name:** SENDON, CAROLINA  
**Address:** 10025 SOUTHWEST 111 STREET  
**City-St-Zip:** MIAMI, FL 33176

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: JUAN E. SENDON

PRES

04/06/2011

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

\_\_\_\_\_ Date