

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2008 8:00 am**  
**Secretary of State**

07-24-2008 90017 046 \*\*\*150.00

**DOCUMENT # P07000099052**

1. Entity Name  
**HEALING PACKS, INC.**



Principal Place of Business

**790 NE 122ND STREET  
APARTMENT 2  
MIAMI, FL 33161 US**

Mailing Address

**5001 SOUTH UNIVERSITY DRIVE  
SUITE B  
DAVIE, FL 33328 US**

**40112033**



2. Principal Place of Business - No P.O. Box #

**825 W 40th Street  
Suite, Apt. #, etc.  
#1**

3. Mailing Address

**825 W 40th Street  
Suite, Apt. #, etc.  
1**

**07212008 Chg-P CR2E034 (12/06)**

City & State

**Miami Beach, FL**

City & State

**Miami Beach, FL**

4. FEI Number

**26-0846370**

Applied For

Not Applicable

Zip

**33140**

Country

**US**

Zip

**33140**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SOUTH FLORIDA TAX, INC.  
5001 SOUTH UNIVERSITY DRIVE  
SUITE B  
DAVIE, FL 33328**

7. Name and Address of New Registered Agent

Name **Donna Giamo**  
Street Address (P.O. Box Number is Not Acceptable)  
**825 W 40th Street  
#1**  
City **Miami Beach** **FL** Zip Code **33140**

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **GIAMO, DONNA**  
STREET ADDRESS **790 NE 122ND STREET, APT 2**  
CITY-ST-ZIP **MIAMI, FL 33161**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Giamo, Donna**  
STREET ADDRESS **825 W 40th Street, Apt. 1**  
CITY-ST-ZIP **miami Beach, FL 33140**

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

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

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

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

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

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

**Donna Giamo**  
**Donna Giamo**

**7/21/08**

**786-346-0353**

ATTACHMENT

40112055

Continue

Reset

# 007000094052

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7/21/2008

Dear Florida Dept. of State,

Please be informed that I did not receive or was even aware of Annual Report Filing. My accountant was listed to receive mail and acted as registered agent at the time. He recently informed me that he never received notice. Please be assured that as I am now aware of procedures, I will be vigilant in the future in addressing these matters whether I receive notice or not.

Sincerely,

Donna Gianno  
Donna Gianno  
Director,  
Registered Agent