

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000019467

FILED  
Sep 12, 2011  
Secretary of State

**Entity Name:** THE HEALTH FACTORY FARM, INC.

**Current Principal Place of Business:**

16246 OKEECHOBEE BLVD  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

16246 OKEECHOBEE BLVD  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ACCORSINI, DALMO  
16246 OKEECHOBEE BLVD  
LOXAHATCHEE, FL 33470 US

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

ACCORSINI, DALMO  
16246 OKEECHOBEE BLVD  
LOXAHATCHEE, FL 33470 US

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: DALMO ACCORSINI

09/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ACCORSINI, DALMO  
Address: 16246 OKEECHOBEE BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T, D  
Name: D'AGOSTINO, MICHAEL  
Address: 16246 OKEECHOBEE BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S,D  
Name: BERGER, ROBERT  
Address: 16246 OKEECHOBEE BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D  
Name: FORMAN, ALFRED  
Address: 3200 PORT ROYALE DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: DALMO ACCORSINI

P

09/12/2011

Electronic Signature of Signing Officer or Director

Date