

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90136 045 ***158.75

DOCUMENT # P93000034380

1. Entity Name

YOUR HEALTH SHOP, INC. II



Principal Place of Business

~~9448~~ HARDING AVE
SURFSIDE, FL 33154

9452 Harding Ave.
Surfside, FL 33154

Mailing Address

~~9448~~ HARDING AVE
SURFSIDE, FL 33154

9452 Harding Ave.
Surfside, FL 33154



03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0408974

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGOFF PAUL
~~9448~~ HARDING AVE
MIAMI, FL 33154

9452 Harding Ave.
Surfside, FL 33154

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	9452 Harding Ave.
NAME	ROGOFF, PAUL	Surfside, FL 33154
STREET ADDRESS	9448 HARDING AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	VD	9452 Harding Ave.
NAME	ROGOFF, ARLENE	Surfside, FL 33154
STREET ADDRESS	9448 HARDING AVE	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/6/05 305-865-8643