

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90109 031 ***158.75

DOCUMENT # P94000082146
 1. Entity Name
 YOUR HEALTH SHOP INC. III



Principal Place of Business
 401 BISCAYNE BLVD, 230
 BAYSIDE CENTER
 MIAMI, FL 33132

Mailing Address
 401 BISCAYNE BLVD,
 BAYSIDE CENTER
 MIAMI, FL 33132

**9452 Harding Ave.
 Surfside, FL 33154**

20033320



03312005 No Chg-P CR2E034 (10/03)

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4. FEI Number
 65-0534098

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROGOFF, RAUL
 730 ARTHUR GODFREY ROAD
 MIAMI, FL 33139

**9452 Harding Ave.
 Surfside, FL 33154**

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

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	P
NAME	ROGOFF, PAUL
STREET ADDRESS	120 RIVA ALTO DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	V
NAME	ROGOFF, ARLENE
STREET ADDRESS	120 RIVA ALTO DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Arlene Rogoff 4/6/05 305-865-8643
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #