

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000082146

FILED
Mar 11, 2009
Secretary of State

Entity Name: YOUR HEALTH SHOP INC. III

Current Principal Place of Business:

401 BISCAYNE BLVD, 230
BAYSIDE CENTER
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

401 BISCAYNE BLVD, 230
BAYSIDE CENTER
MIAMI, FL 33132

New Mailing Address:

FEI Number: 65-0534098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGOFF, RAUL
730 ARTHUR GODFREY ROAD
MIAMI, FL 33139 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROGOFF, PAUL
Address: 120 RIVA ALTO DR.
City-St-Zip: MIAMI BEACH, FL 33139

Title: V () Delete
Name: ROGOFF, ARLENE
Address: 120 RIVA ALTO DR.
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL ROGOFF

P

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date