


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000053510 1. Entity Name BETTER HEALTH USA, INC.	
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Principal Place of Business 1620 WEST OAKLAND PARK BLVD., SUITE 401 FORT LAUDERDALE, FL 33311	Mailing Address 1620 WEST OAKLAND PARK BLVD., SUITE 401 FORT LAUDERDALE, FL 33311
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01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0594160	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZAVIK, JEFFREY
1620 WEST OAKLAND PARK BLVD
SUITE 401
FT. LAUDERDALE, FL 33311

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000129300
04/26/04-80073-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ZAVIK, JEFFREY 1620 WEST OAKLAND PARK BLVD., SUITE 401 FORT LAUDERDALE, FL 33311
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD ZAVIK, CHERYL 1620 WEST OAKLAND PARK BLVD., SUITE 401 FORT LAUDERDALE, FL 33311
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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)(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:

 Jeffrey S. Zavik

Date 2/15/04

Daytime Phone # _____