

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000062046

Entity Name: HEALTHY HOLDINGS, INC.

FILED
Jun 19, 2007
Secretary of State

Current Principal Place of Business:

6637 SOUTH DIXIE HIGHWAY
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

6741 S.W. 69TH TERRACE
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0655049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOBAL, MANUEL E JR
6741 S.W. 69TH TERRACE
MIAMI, FL 33143 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

OFFICERS AND DIRECTORS:

Title: PSC () Delete
Name: DOBAL, MANUEL E JR
Address: 6741 S.W. 69TH TERRACE
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: DOBAL, GLORIA
Address: 6741 SW 69 TERRACE
City-St-Zip: MIAMI, FL

Title: PRES () Delete
Name: DOBAL, MANUEL E PRES.
Address: 6637 S. DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33143

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TREA () Change (X) Addition
Name: DOBAL-ARNOLD, KARIN
Address: 7255 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33343

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: KARIN ARNOLD-DOBAL

TREA

06/19/2007

Electronic Signature of Signing Officer or Director

Date