2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000062046

DOBAL, KARIN

MIAMI, FL 33343

7255 SUNSET DRIVE

Name:

Address:

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

| Entity Name: HEALTHY HOLDINGS, INC. | | | | | |
|--|--|---------------------------------|---|---|--|
| Current Principal Place of Business: | | | New Principal P | New Principal Place of Business: | |
| 6637 SOU ⁻ MIAMI, FL | ΓΗ DIXIE HIGH 33143 US | WAY | | | |
| Current Mailing Address: | | | New Mailing Ad | New Mailing Address: | |
| 6741 S.W. 69TH TERRACE MIAMI, FL 33143 | | | | 7255 SUNSET DRIVE MIAMI, FL 33143 | |
| FEI Number: | 65-0655049 | FEI Number Applied For () | FEI Number Not Applicable (| Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Addre | Name and Address of New Registered Agent: | |
| DOBAL, MANUEL E JR 6741 S.W. 69TH TERRACE MIAMI, FL 33143 US | | | 7255 SÜNSET D | DOBAL, MANUEL E JR 7255 SUNSET DRIVE MIAMI, FL 33143 US | |
| The above in the State | | ubmits this statement for the p | urpose of changing its regi | stered office or registered agent, or both, | |
| SIGNATURE: MANUEL DOBAL | | | | 04/28/2009 | |
| | Electroni | c Signature of Registered Age | nt | Date | |
| Election Can | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CH | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PSC () DOBAL, MANUE 7255 SUNSET D MIAMI, FL 3314 | RIVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () DOBAL, GLORIA 6741 SW 69 TE MIAMI, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PRES () DOBAL, MANUE 6637 S. DIXIE H MIAMI, FL 3314 | IGHWAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | TREA () | Delete | Title: | () Change () Addition | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MANUEL DOBAL **PRES** 04/28/2009