

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094065

FILED
Apr 10, 2008
Secretary of State

Entity Name: BETTER FAMILY PRODUCTS, INC.

Current Principal Place of Business:

989 SW 11TH PLACE
HIALEAH, FL 33010

New Principal Place of Business:

989 SE 11TH PLACE
HIALEAH, FL 33010

Current Mailing Address:

989 SW 11TH PLACE
HIALEAH, FL 33010

New Mailing Address:

989 SE 11TH PLACE
HIALEAH, FL 33010

FEI Number: 65-0623329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVIERE, FABRICE
989 SE 11TH PLACE
HIALEAH, FL 33010 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: CP () Delete
Name: RIVIERE, FARBRICE
Address: 989 SE 11TH PLACE
City-St-Zip: HIALEAH, FL 33010

Title: T () Delete
Name: RIVIERE, PATRICIA
Address: 989 SE 11TH PLACE
City-St-Zip: HIALEAH, FL 33010

Title: S () Delete
Name: DENNERY, RICHARD
Address: 989 SE 11TH PLACE
City-St-Zip: HIALEAH, FL 33010

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:

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: FABRICE RIVIERE

CP

04/10/2008

Electronic Signature of Signing Officer or Director

Date