## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000094065

Address:

City-St-Zip:

989 SE 11TH PLACE

HIALEAH, FL 33010

Entity Name: BETTER FAMILY PRODUCTS INC

FILED Apr 30, 2009 Secretary of State

	e. BETTE	ici / will i i icoboo i o, ii vo.			
Current Principal Place of Business:			New Principal Place of Business:		
	TH PLACE FL 33010				
Current Mailing Address:			New Mailing Address:		
	TH PLACE 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:			Name and Address of	Name and Address of New Registered Agent:	
HIALEAH,	TH PLACE FL 33010	US	nurnose of changing its registere	d office or registered agent, or both,	
	e of Florida.	y submits this statement for the	purpose of changing its registere	d office of registered agent, or both,	
SIGNATU	RE:				
	Electr	onic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financ	ing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CP RIVIERE, FA 989 SE 11TH HIALEAH, FL	I PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T RIVIERE, PA 989 SE 11TH HIALEAH, FL	I PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S DENNERY, R	( ) Delete	Title: Name:	( ) 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.

Address:

City-St-Zip:

SIGNATURE: FABRICE RIVIERE P 04/30/2009