

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000053540

1. Entity Name  
YOUR HEALTH SHOP INC. V



Principal Place of Business  
16800 COLLINS AVE  
NO MIAMI BEACH, FL 33160

Mailing Address  
~~16800 COLLINS AVE~~  
~~NO MIAMI BEACH, FL 33160~~  
**9452 Harding Ave.**  
**Surfside, FL 33154**



03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0677507</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROGOFF, PAUL  
~~730 ARTHUR GODFREY ROAD~~  
~~MIAMI BEACH, FL 33139~~  
**9452 Harding Ave.**  
**Surfside, FL 33154**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

000000300675  
04/13/05-80001-012 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROGOFF, PAUL
STREET ADDRESS	120 RIVA ALTO DRIVE
CITY - ST - ZIP	MIAMI BEACH, FL 33139

TITLE	S
NAME	ROGOFF, ARLENE
STREET ADDRESS	120 RIVA ALTO DRIVE
CITY - ST - ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/05** **305-865-8643**  
Date Daytime Phone #