


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90038 008 ***158.75

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
------------------------------------------------------------------------------	------------------------------------------------------------------



02242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0677507	Applied for Not Applicable
-----------------------------	-------------------------------

5. Certificate of Stat. Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
---------------------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent ROGOFF, PAUL 730 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33139

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 signor and agent and the fee payee. (NOTE: Registered agent signature must be in handwriting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---------------------------------------------------------------------------------	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGOFF, PAUL 120 RIVA ALTO DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGOFF, ARLENE 120 RIVA ALTO DRIVE 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 exemptions contained 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 signature shall have the same legal effect as if made under oath. I am the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes, and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:  Paul Rogoff 4/5/07 305-975-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone