

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053540

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** YOUR HEALTH SHOP INC. V

**Current Principal Place of Business:**

16800 COLLINS AVE  
NO MIAMI BEACH, FL 33160

**New Principal Place of Business:**

16850 COLLINS AVE  
NO MIAMI BEACH, FL 33160

**Current Mailing Address:**

16800 COLLINS AVE  
NO MIAMI BEACH, FL 33160

**New Mailing Address:**

16850 COLLINS AVE  
NO MIAMI BEACH, FL 33160

**FEI Number:** 65-0677507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROGOFF, PAUL  
16800 COLLINS AVE  
NO MIAMI BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

ROGOFF, PAUL  
16850 COLLINS AVE  
NO MIAMI BEACH, FL 33160 US

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:

02/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROGOFF, PAUL  
Address: 120 RIVA ALTO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: S  
Name: ROGOFF, ARLENE  
Address: 120 RIVA ALTO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: PAUL ROGOFF

P

02/03/2011

Electronic Signature of Signing Officer or Director

Date