


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90001 031 ***150.00

DOCUMENT # P97000103901 1. Entity Name ACTIVE WOMEN'S HEALTH CHOICE, INC.	
---	---

Principal Place of Business 607 MARTIN LUTHER KING, JR. BLVD., #102 TAMPA, FL 33603	Mailing Address 607 MARTIN LUTHER KING, JR. BLVD., #1 TAMPA, FL 33603
---	---

00000019



08082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0801836	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, HENRY
607 MARTIN LUTHER KING, JR. BLVD., #102
TAMPA, FL 33603**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARCIA, EDNA M D.O. 607 MARTIN LUTHER KING, JR. BLVD., #102 TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GARCIA, HENRY 607 MARTIN LUTHER KING, JR. BLVD., #102 TAMPA, FL 33603
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)(i), 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: _____

H. Garcia s/t Henry Garcia

08/09/05

(813) 767-7506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

SD0609/9
pg7000103901

Active Women's Health Choice, Inc

607 w. Dr. MLK Jr. Blvd. Suit 102 Tampa Fl. 33603
(813) 234 - 8950 Fax (813) 234 - 7134
www.AdvancedCosmeticCenter.com

August 9 - 05

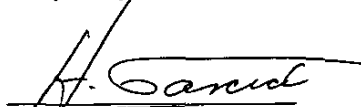
Florida Department of State
Division of Corporations

Subject: Request for \$ 400.00 late fee wave.

Yes, I did receive notification for renewal, but not before May first (5- 01) and with the option to request the form by mail, wish I did and never receive a response.

Thank you for considering this matter and expecting a positive answer to my request.

Very truly Yours


Henry Garcia, S/T.