

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000088300

FILED  
May 02, 2006  
Secretary of State

Entity Name: ALPHA HEALTH & NUTRITION RX, INC.

**Current Principal Place of Business:**

11020 PEMBROKE RD.  
SUITE #171  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

11020 PEMBROKE RD.  
SUITE #171  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 65-0882265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREENE, ANDREW  
450 N. PARK RD. SUITE 608  
HOLLYWOOD, FL 33021 US

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

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SANDS, SURETTE  
Address: 11020 PEMBROKE RD. #171  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: SURETTE S. SANDS

D

05/02/2006

Electronic Signature of Signing Officer or Director

Date