

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026306

Entity Name: HEALTHFAIR USA, INC.

FILED
Feb 24, 2004
Secretary of State

Current Principal Place of Business:

1890 SEMORAN BLVD.
SUITE 319
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

1890 SEMORAN BLVD.
SUITE 319
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 65-0904433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIAZ, TERENCE
6308 RALEIGH ST
#304
ORLANDO, FL 32835 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIAZ, TERENCE
Address: 6308 RALEIGH ST. #304
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: TALEBLY, NAZILA
Address: 1576 WILLIAMS DRIVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: TALEBLY, NAZILA
Address: 1210 RAIN TREE PLACE
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERENCE DIAZ

PRES

02/24/2004

Electronic Signature of Signing Officer or Director

_____ Date