2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# P99000031425

Entity Name: FOUR HEALTH, INC.

Current Principal Place of Business:

1075 EAST 14 STREET
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1587
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0909395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EXTRAMIL, LEONEL
1225 SW 99 CT
MIAMI, FL 33174 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: EXTRAMIL, LEONEL
Address: 1225 SW 99 CT
City-St-Zip: MIAMI, FL 33174 US

Title: O ( ) Delete
Name: EXTRAMIL, BENITO
Address: 1235 SW 99 CT
City-St-Zip: MIAMI, FL 33174 US

Title: O ( ) Delete
Name: EXTRAMIL, KAYCE M
Address: 1225 SW 99 CT
City-St-Zip: MIAMI, FL 33174 US

Title: O ( ) Delete
Name: EXTRAMIL, LEONEL III
Address: 1225 SW 99 CT
City-St-Zip: MIAMI, FL 33174 US

Title: O (X) Delete
Name: EXTRAMIL, JEANNETTE
Address: 8328 DUNDEE TERRACE
City-St-Zip: MIAMI LAKES, FL 33016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LEONEL EXTRAMIL D 01/22/2009

Electronic Signature of Signing Officer or Director — Date