

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005057

FILED  
May 13, 2008  
Secretary of State

Entity Name: FLEISCHMANN WELLNESS GROUP, INC.

**Current Principal Place of Business:**

1031 IVES DAIRY ROAD  
SUITE 228  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1880 NE 206 TERRACE  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

FEI Number: 16-1649250      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

FLEISCHMANN, SUZETTE B PRES.  
1880 NE 206 TERRACE  
NORTH MIAMI BEACH, FL 33179      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: DP ( ) Delete  
Name: FLEISCHMANN, SUZETTE B PRES.  
Address: 1880 NE 206 TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T ( ) Delete  
Name: ROJAS, MARCO SR  
Address: 867 CAPTIVA DRIVE  
City-St-Zip: HOLLYWOOD, FL 33019

Title: S ( ) Delete  
Name: ROJAS, ROSARIO  
Address: 867 CAPTIVA DRIVE  
City-St-Zip: HOLLYWOOD, FL 33019

**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:

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: SUZETTE B. FLEISCHMANN

PRES

05/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date