

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163239

FILED
Feb 09, 2005
Secretary of State

Entity Name: WELLNESS BY MASSAGE INC

Current Principal Place of Business:

PO BOX 720057
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

PO BOX 720057
MIAMI, FL 33172

New Mailing Address:

FEI Number: 20-2022981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRALERO, ALEXANDER
9501 FONTAINEBLEAU BLVD
314
MIAMI, FL 33172 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: P () Delete
Name: BORGES, MARLON
Address: 8961 SW 36 ST
City-St-Zip: MIAMI, FL 33165

Title: S () Delete
Name: CARRALERO, ALEXANDER
Address: 9501 FONTAINEBLEAU BLVD # 314
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ALEXANDER CARRALERO

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02/09/2005

Electronic Signature of Signing Officer or Director

Date