

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000022426

FILED
Apr 30, 2008
Secretary of State

Entity Name: KNOPFLER HOLISTIC WELLNESS GROUP, P.A.

Current Principal Place of Business:

501 GOLDEN ISLES DRIVE
SUITE 201A
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

407 LINCOLN RD.
SUITE 8 F
MIAMI BEACH, FL 33139 US

Current Mailing Address:

3389 SHERIDEN STREET
492
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 37-1538059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY S. ADELSON, P.A.
501 GOLDEN ISLES DRIVE
SUITE 203
HALLANDALE BEACH, FL 33009 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: KNOPFLER, SUSAN
Address: 501 GOLDEN ISLES DRIVE, SUITE 201A
City-St-Zip: HALLANDALE BEACH, FL 33009 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KNOPFLER, SUSAN
Address: 3389 SHERIDAN ST. # 492
City-St-Zip: HOLLYWOOD, FL 33021 US

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: SUSAN KNOPFLER D.C.

DR.

04/30/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date