

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000025577

**FILED**  
**May 31, 2011**  
**Secretary of State**

**Entity Name:** HERBAL WELL CORP

**Current Principal Place of Business:**

9353 FONTAINEBLEAU BLVD  
A202  
MIAMI, FL 33172

**New Principal Place of Business:**

1550 WEST 44 PLACE  
E006  
HIALEAH, FL 33012

**Current Mailing Address:**

9353 FONTAINEBLEAU BLVD  
A202  
MIAMI, FL 33172

**New Mailing Address:**

1550 WEST 44 PLACE  
E006  
HIALEAH, FL 33012

**FEI Number:** 27-2190954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAUFMAN, DOMINGA B  
9353 FONTAINEBLEAU BLVD  
A202  
MIAMI, FL 33172 US

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

KAUFMAN, DOMINGA B  
1550 WEST 44 PLACE  
E006  
HIALEAH, FL 33012 US

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: DOMINGA KAUFMAN

05/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KAUFMAN, JOHN R  
Address: 6500 NW 114 AVENUE APT. 1023  
City-St-Zip: MIAMI, FL 33178

Title: VP  
Name: KAUFMAN, DOMINGA B  
Address: 9353 FONTAINEBLEAU BLVD # A202  
City-St-Zip: MIAMI, FL 33172

I hereby 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 all other like empowered.

SIGNATURE: JOHN KAUFMAN

P

05/31/2011

Electronic Signature of Signing Officer or Director

Date