

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000025577

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** HERBAL WELL CORP

**Current Principal Place of Business:**

6400 NW 114 AVE #1128  
DORAL, FL 33178

**New Principal Place of Business:**

11361 NW 42 TER  
DORAL, FL 33178

**Current Mailing Address:**

6400 NW 114 AVE #1128  
DORAL, FL 33178

**New Mailing Address:**

11361 NW 42 TER  
DORAL, FL 33178

**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  
1550 WEST 44 PLACE  
E006  
HIALEAH, FL 33012 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

**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: 1550 WEST 44 PLACE E006  
City-St-Zip: HIALEAH, FL 33012

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

04/19/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date