# 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: MARIA WERRLEIN

Electronic Signature of Signing Officer/Director Detail

# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P08000080613

## Entity Name: ENVIROSMART HEALTH & WELLNESS, INC

#### **Current Principal Place of Business:**

4503 WOKKER DR LAKE WORTH. FL 33467

#### **Current Mailing Address:**

4503 WOKKER DR LAKE WORTH. FL 33467

## FEI Number: 26-3571218

# Name and Address of Current Registered Agent:

WERRLEIN, MARIA 4503 WOKKER DR LAKE WORTH, FL 33467 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:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	Ρ	Title	VP
Name	WERRLEIN, MARIA	Name	WERRLEIN, KARL
Address	4503 WOKKER DR	Address	4503 WOKKER DR
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467

Certificate of Status Desired: No

01/14/2014 Date

#### FILED Jan 14, 2014 Secretary of State CC7705578859

PRES.

Date