

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000032453

**Entity Name:** LIFE WELLNESS CENTER CORP

**Current Principal Place of Business:**

10544 NW 26TH ST  
STE E-104  
DORAL, FL 33172

**Current Mailing Address:**

10544 NW 26TH ST  
STE E-104  
DORAL, FL 33172 US

**FEI Number:** 85-0963584

**Certificate of Status Desired:** No

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

GRAVERAN BARRIOS, MICHEL  
10556 NW 26TH ST  
D102  
MIAMI, FL 33172 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GRAVERAN BARRIOS, MICHEL  
Address 10556 NW 26TH ST D102  
City-State-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:** MICHEL GRAVERAN BARRIOS

**PRESIDENT**

**04/04/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date