

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000039929

**Entity Name:** WELLNESS SOCIAL ATTEND CORP

**Current Principal Place of Business:**

15600 SW 288 ST SUITE 100 A  
HOMESTEAD, FL 33033

**Current Mailing Address:**

3480 NE 5TH ST  
103  
HOMESTEAD, FL 33033 US

**FEI Number:** 85-1329449

**Certificate of Status Desired:** Yes

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

ILLANA, MARIA T  
3480 NE 5TH ST  
103  
HOMESTEAD, FL 33033 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 ILLANA, MARIA T  
Address 3480 NE 5TH ST  
103  
City-State-Zip: HOMESTEAD FL 33033

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 TERESA ILLANA

**CEO/OWNER**

**04/21/2023**

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

\_\_\_\_\_  
Date