

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 09, 2012
Secretary of State

DOCUMENT# N04000006721

Entity Name: CHILDREN'S WELLNESS FUND, INC.**Current Principal Place of Business:**4425 PONCE DE LEON BLVD
5TH FLOOR
CORAL GABLES, FL 33146**New Principal Place of Business:****Current Mailing Address:**4425 PONCE DE LEON BLVD
5TH FLOOR
CORAL GABLES, FL 33146**New Mailing Address:****FEI Number:** 20-1379921**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**QUINT, DAVID
4425 PONCE DE LEON BLVD
5TH FLOOR
CORAL GABLES, FL 33146 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:** D
Name: QUINT, DAVID
Address: 4425 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146**Title:** D
Name: QUINT, SHEILA
Address: 4425 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146**Title:** D
Name: QUINT, GEORGE
Address: 4425 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146**Title:** D
Name: QUINT, JANINE
Address: 4425 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146**Title:** D
Name: LOMINAC, EVE
Address: 4425 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146**Title:** D
Name: YRIGOYEN, NARCY
Address: 4425 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID QUINT

D

05/09/2012

Electronic Signature of Signing Officer or Director

Date