

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083495

Entity Name: ALL ABOUT WELLNESS, INC.

FILED
Jan 22, 2005
Secretary of State

Current Principal Place of Business:

13160 BISCAYNE BLVD
NO MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

13160 BISCAYNE BLVD
NO MIAMI, FL 33181

New Mailing Address:

FEI Number: 65-1038499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATUSHA, PARDO
13160 BISCAYNE BLVD
NO MIAMI, FL 33181 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARDO, MATUSHA M
Address: 11514 NW 10TH ST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: PARDO, ALBERTO
Address: 11514 NW 10TH ST
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MATUSHA PARDO

D

01/22/2005

Electronic Signature of Signing Officer or Director

Date