

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041942

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA COMPLETE WELLNESS, INC.

**Current Principal Place of Business:**

4765 VOLUNTEER RD  
SUITE 404  
SOUTHWEST RANCHES, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

4765 VOLUNTEER RD  
SUITE 404  
SOUTHWEST RANCHES, FL 33330

**New Mailing Address:**

4765 S W 148TH AVENUE  
SUITE 404  
DAVIE, FL 33330

**FEI Number:** 59-3720916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CELADA, FARRAR V  
4996 SW 151 AVE  
DAVIE, FL 33331 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: CEO  
Name: CELADA, FARRAR V CEO  
Address: 4996 SW 151 AVE  
City-St-Zip: DAVIE, FL 33331

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: FARRAR V CELADA

CEO

03/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date