

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000029944

FILED
Apr 22, 2005
Secretary of State

Entity Name: HEALINGEDGE WELLNESS CENTER INC.

Current Principal Place of Business:

150 N.W 168TH STREET
SUITE #350
NORTH MIAMI BEACH, FL 33169

Current Mailing Address:

701 BRICKELL AVENUE
SUITE #3000
MIAMI, FL 33131

New Principal Place of Business:

150 N.W. 168TH STREET
SUITE #221
NORTH MIAMI BEACH, FL 33169

New Mailing Address:

150 N.W. 168 STREET
SUITE #221
NORTH MIAMI BEACH, FL 33169

FEI Number: 02-0583963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE #3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ZAMOR, ETZER
2427 BISCAYNE BLVD.
MIAMI, FL 33137 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: ETZER ZAMOR

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ZAMOR, JOSETTE
Address: 150 N.W 168TH STREET #350
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: CEO () Delete
Name: ZAMOR, JOSETTE
Address: 150 N.W 168TH STREET #350
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: DTS () Delete
Name: ZAMOR, ETZER
Address: 150 N.W 168TH STREET #350
City-St-Zip: NORTH MIAMI BEACH, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ZAMOR, JOSETTE
Address: 150 N.W 168TH STREET #221
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: CEO (X) Change () Addition
Name: ZAMOR, JOSETTE
Address: 150 N.W 168TH STREET #221
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: DTS (X) Change () Addition
Name: ZAMOR, ETZER
Address: 150 N.W 168TH STREET #221
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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: ETZER ZAMOR

DTS

04/22/2005

Electronic Signature of Signing Officer or Director

Date