FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (VBR)

DOCUMENT#

P02000054779

1. Entity Name

Best Health and Wellness, Inc.



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90716 018 ***150.00

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	lace of Business	3. Mailing Address	Challed and Laborated to	estean decreasement and make i teastforce (1999)	1						
1970 N.H	E. 30th Street	1970 N.E. 30	Oth St	reet							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
		•									
City & State		City & State			4. FEI Number	- Trive	Applied For				
Lighthou	use Point, FL	Lighthouse I	Point,	FL	03-0455358		Not Applicable				
Zip	Country	Zip	Coun		5. Certificate of Status Desired	\$8	3.75 Additional				
33064-76	527 United: States	33064-7627	Unit	edrStates		Fe	e Required				
美丽的 《新疆》的					7. Name and Address of Currer	t Registered A	gent				
	The contract the second was to the second	na Antonio Agrico Margo, anti-astrono, anti-		Name Tamio	A Diactina						
	DO NOT WE	RITE			Jamie A. Plastina Street Address (P.O. Box Number is Not Acceptable)						
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	anagy a condition to be the second of the condition of the second			Lighth	ouse Point $\mathbf{FL} \mid \overset{\text{Zio Code}}{33064} - 7627$						
	named entity submits this statement for t	he purpose of changing its	s registere			lorida. I am fam	iliar with, and accept				
the obligati	ions of registered agent										
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SIGNATURE	Signature, typed or printed name of registered agent and			Plastina, Agent signature required		<u> </u>	703				
lan	uary 1 - May 1 Fee is \$150.00	1 tile ii applicable. (NO	I E. Hegisteret	Agent signature required	when reinstating)	DATE					
	Aftel May 1, Fee is \$550.00				9. Election Campaign Fi	nancing	\$5.00 May Be				
	Amended UBR is \$61.25				Trust Fund Contribution	on. \square	Added to Fees				
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10.	OFFICERS AND D	IRECTORS	the state of								
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NAME	Jamie A. Plastina		NAME		are particular control propagation (section as a section)						
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12. I hereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered: Jamie A. Plastina

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

(954) 234-7260