

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000120361

Entity Name: BODY WELLNESS CORP.

FILED
Sep 24, 2009
Secretary of State

Current Principal Place of Business:

957 WEST COMMERCIAL BLVD
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

241 OCEANIC AVE
LAUDERDALE BY THE SEA, FL 33308

New Mailing Address:

957 WEST COMMERCIAL BLVD
FORT LAUDERDALE, FL 33334

FEI Number: 68-0530758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALA LEBRUN, SUSAN
241 OCEANIC AVE
LAUDERDALE BY THE SEA, FL 33308 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: P () Delete
Name: SALA LEBRUN, SUSAN
Address: 241 OCEANIC AVE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: VP (X) Delete
Name: NOBOA, EMILIA E
Address: 4090 NW 42ND AVE APT. 205
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: VILLAQUIRAN, NOHRA E
Address: 13575 SW 99 ST
City-St-Zip: MIAMI, FL 33186

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NOHRA E VILLAQUIRAN

SECY

09/24/2009

Electronic Signature of Signing Officer or Director

Date