

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101021

FILED
Apr 06, 2004
Secretary of State

Entity Name: INNER VISIONS WELLNESS, INC.

Current Principal Place of Business:

C/O ROSEANNE WANDELL
6260 OLD MEDINAH CIRCLE
LAKE WORTH, FL 33463

New Principal Place of Business:

C/O LAURIE COHEN
6749 S. GRANDE DRIVE
BOCA RATON, FL 33433

Current Mailing Address:

C/O ROSEANNE WANDELL
6260 OLD MEDINAH CIRCLE
LAKE WORTH, FL 33463

New Mailing Address:

C/O LAURIE COHEN
6749 S. GRANDE DRIVE
BOCA RATON, FL 33433

FEI Number: 57-1186612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY L ESQ.
54 NE FOURTH AVE
DELRAY BCH, FL 33483 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: COHEN, LAURIE
Address: 6749 S. GRANDE DRIVE
City-St-Zip: BOCA RATON, FL 33433 US

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: LAURIE COHEN

D

04/06/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date