

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101775

FILED
Apr 09, 2004
Secretary of State

Entity Name: CENTRAL FLORIDA WELLNESS CENTER, INC.

Current Principal Place of Business:

21205 YACHT DR
406
AVENTURA, FL 33180

New Principal Place of Business:

3249 S. JOHN YOUNG PKWY
KISSIMMEE, FL 34746

Current Mailing Address:

21205 YACHT DR
406
AVENTURA, FL 33180

New Mailing Address:

3249 S. JOHN YOUNG PKWY
KISSIMME, FL 34746

FEI Number: 20-0229848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBRANOVSKY, NATALY
21205 YACHT DR
406
AVENTURA, FL 33180

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: P () Delete
Name: KALYUZHNY, ARKADY
Address: 2775 EAST 12TH STREET, #606
City-St-Zip: BROOKLYN, NY 11235

Title: V () Delete
Name: KALYUZHNY, ANNA
Address: 1230 AVENUE X, #1J
City-St-Zip: BROOKLYN, NY 11235

Title: T () Delete
Name: DUBRANOVSKY, NATALY
Address: 21205 YACHT DR, #406
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ARKADY KALYUZHNY

P

04/09/2004

Electronic Signature of Signing Officer or Director

Date