

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101775

FILED
Jun 04, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA WELLNESS CENTER, INC.

Current Principal Place of Business:

3249 S. JOHN YOUNG PKWY
KISSIMMEE, FL 34746

New Principal Place of Business:

1400 W. OAK STREET
SUITE A
KISSIMMEE, FL 34741 US

Current Mailing Address:

3249 S. JOHN YOUNG PKWY
KISSIMMEE, FL 34746

New Mailing Address:

1400 W. OAK STREET
SUITE A
KISSIMMEE, FL 34741 US

FEI Number: 20-0229848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBRANOVSKY, NATALIE
21142 NE 31 PL
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

PATEL, HASMUKH D
1400 W. OAK STREET
SUITE A
KISSIMMEE, FL 34741 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: HASMUKH D. PATEL

06/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

Title: T (X) Delete
Name: FELIX, FILENGER
Address: 21142 NE 31 PL
City-St-Zip: AVENTURA, FL 33180

Title: P (X) Delete
Name: PRESMAN, GENE
Address: 201 B 11 STREET
City-St-Zip: PALISADES PARK, NJ 07650

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: PATEL, HASMUKH D
Address: 1400 W. OAK STREET, SUITE A
City-St-Zip: KISSIMMEE, FL 34741 US

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 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: HASMUKH D. PATEL

PTSD

06/04/2009

Electronic Signature of Signing Officer or Director

Date