

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003129

FILED
Feb 17, 2005
Secretary of State

Entity Name: EXECUTIVE HEALTH & WEALTH INSTITUTE, INC.

Current Principal Place of Business:

9999 NW 2ND AVENUE SUITE 213
MIAMI SHORES, FL 33138

New Principal Place of Business:

9999 NE 2ND AVENUE SUITE 213
MIAMI SHORES, FL 33138

Current Mailing Address:

9999 NW 2ND AVENUE SUITE 213
MIAMI SHORES, FL 33138

New Mailing Address:

680 GRAND CONCOURSE
MIAMI SHORES, FL 33138

FEI Number: 80-0091212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUPISELL, DOUGLAS R CPA
6901 SW 6TH STREET
PEMBROKE PINES, FL 33023 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: P () Delete
Name: CORA-LOCATELLI, GABRIELA
Address: 680 GRAND CONCOURSE
City-St-Zip: MIAMI SHORES, FL 33138

Title: V () Delete
Name: LOCATELLI, EDUARDO R
Address: 680 GRAND CONCOURSE
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GCORAL

P

02/17/2005

Electronic Signature of Signing Officer or Director

Date