2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# P04000067485

Entity Name: REFLECTIONS WELLNESS CENTER, INC.

Current Principal Place of Business:

10550 NW 77TH. COURT
309
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

6848 STIRLING RD
DAVIE, FL 33024

Current Mailing Address:

10550 NW 77TH. COURT
309
HIALEAH GARDENS, FL 33016

New Mailing Address:

6848 STIRLING RD
DAVIE, FL 33024

FEI Number: 34-1993004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MESA, LEONEL E JR
10550 NW 77TH. COURT
309
HIALEAH GARDENS, FL 33016 US

Name and Address of New Registered Agent:

MESA, RAMON D
6848 STIRLING RD
DAVIE, FL 33024 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: RAMON D MESA 02/15/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MESA, RAMON D
Address: 6848 STIRLING RD
City-St-Zip: DAVIE, FL 33024

Title: TD
Name: FERNANDEZ, GUILLERMO H
Address: 6848 STIRLING RD
City-St-Zip: DAVIE, FL 33024

Title: VP
Name: URBANO, LEDIA
Address: 6848 STIRLING RD
City-St-Zip: DAVIE, FL 33024

Title: D
Name: MESA, RAMON D
Address: 6848 STIRLING RD
City-St-Zip: DAVIE, FL 33024

Title: D
Name: MESA, LEONEL E JR
Address: 6848 STIRLING RD
City-St-Zip: DAVIE, FL 33024 US

I hereby 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 all other like empowered.

SIGNATURE: RAMON D MESA P 02/15/2011
Electronic Signature of Signing Officer or Director Date