

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150730

FILED
Apr 17, 2006
Secretary of State

Entity Name: ADVANCE HEALTH AND WELLNESS SOLUTIONS, INC.

Current Principal Place of Business:

1960 SW 27 AVENUE
1ST FLOOR ROOM A
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1960 SW 27 AVENUE
1ST FLOOR ROOM A
MIAMI, FL 33145

New Mailing Address:

FEI Number: 13-4288479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, HUMBERTO
9957 SW 58TH ST.
MIAMI, FL 33173 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: PTD () Delete
Name: RODRIGUEZ, HUMBERTO
Address: 9957 SW 58TH ST.
City-St-Zip: MIAMI, FL 33173

Title: VSD () Delete
Name: NODARSE, MARIA T
Address: 1541 BRICKELL AVENUE APARTMENT B704
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSD (X) Change () Addition
Name: NODARSE, MARIA T
Address: 788 NE 74TH STREET
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the 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: HUMBERTO RODRIGUEZ

PTD

04/17/2006

Electronic Signature of Signing Officer or Director

Date