

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166142

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: PRO-ACTIVE WELLNESS II, INC.

## Current Principal Place of Business:

6805 SW 12TH STREET  
PEMBROKE PINES, FL 33023

## New Principal Place of Business:

6545 NOVA DRIVE  
SUITE 208  
DAVIE, FL 33317

## Current Mailing Address:

6805 SW 12TH STREET  
PEMBROKE PINES, FL 33023

## New Mailing Address:

FEI Number: 59-3791949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOVAL, FELIX A  
6805 SW 12TH 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: D ( ) Delete  
Name: DOVAL, FELIX A  
Address: 6805 SW 12TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D ( ) Delete  
Name: LOPEZ, MICHELE  
Address: 6805 SW 12TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D ( ) Delete  
Name: SMITH, MARK  
Address: 2613 SW 65TH AVE  
City-St-Zip: MIRAMAR, FL

## 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: FELIX DOVAL

D

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date