

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057912

FILED
Apr 28, 2007
Secretary of State

Entity Name: C & G WELLNESS CENTER CORPORATION

Current Principal Place of Business:

4063 NORTH GOLDENROD ROAD
SUITE 209
WINTER PARK, FL 32792

New Principal Place of Business:

2431 ALOMA AVENUE
SUITE 284
WINTER PARK, FL 32792

Current Mailing Address:

4063 NORTH GOLDENROD ROAD
SUITE 209
WINTER PARK, FL 32792

New Mailing Address:

2431 ALOMA AVENUE
SUITE 284
WINTER PARK, FL 32792

FEI Number: 20-2701313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINEDA, GLORIA A
4063 NORTH GOLDENROD ROAD
SUITE 209
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

PINEDA, GLORIA A
2431 ALOMA AVENUE
SUITE 284
WINTER PARK, FL 32792 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: GLORIA PINEDA

04/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: IRIZARRY, CESAR O
Address: 4063 NORTH GOLDENROD ROAD STE. 209
City-St-Zip: WINTER PARK, FL 32792

Title: P () Delete
Name: PINEDA, GLORIA A
Address: 4063 NORTH GOLDENROD ROAD STE. 209
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: IRIZARRY, CESAR O
Address: 2431 ALOMA AVE SUITE 284
City-St-Zip: WINTER PARK, FL 32792

Title: P (X) Change () Addition
Name: PINEDA, GLORIA A
Address: 2431 ALOMA AVENUE SUITE 284
City-St-Zip: WINTER PARK, FL 32792

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: CESAR IRIZARRY

T

04/28/2007

Electronic Signature of Signing Officer or Director

Date