

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066296

FILED
Apr 26, 2011
Secretary of State

Entity Name: ESSENTIALS COMPLEMENTARY WELLNESS CENTER, INC.

Current Principal Place of Business:

2104 N. FEDERAL HWY
SUITE A
HOOLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

2104 N. FEDERAL HWY
SUITE A
HOOLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 11-3750857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LURIA, MAYRA S REV.
2048 SW 28 TERRACE
FT. LAUDERDAE, FL 33312 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

OFFICERS AND DIRECTORS:

Title: D
Name: ROBERTSON, ROSE REV
Address: 2048 SW 28 TERRACE
City-St-Zip: FT. LUDERDALE, FL 33312 US

Title: D
Name: LURIA, MAYRA S REV
Address: 2048 SW 28 TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312 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: MAYRA S. LURIA

D

04/26/2011

Electronic Signature of Signing Officer or Director

Date