2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

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Entity Name: REFLECTIONS WELLNESS CENTER OF BROWARD, INC

Current Principal Place of Business:

6848 STIRLING ROAD
DAVIE, FL 33024

New Principal Place of Business:

Current Mailing Address:

6848 STIRLING ROAD
DAVIE, FL 33024

New Mailing Address:

FEI Number: 20-3114287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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

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

Title: DT
Name: FERNANDEZ, GUILLERMO
Address: 6848 STIRLING ROAD
City-St-Zip: DAVIE, FL 33024

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: LEDIA URBANO VP 03/21/2011

Electronic Signature of Signing Officer or Director Date