2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

DOCUMENT# P06000022185

Entity Name: ACTIVE HEALTH REVIEW TRAINING, INC.

Current Principal Place of Business:

5040 NW 7TH ST STE 714
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5040 NW 7TH STREET
SUITE # 714
MIAMI, FL 33126

New Mailing Address:

6520 WEST FLAGLER STREET
MIAMI, FL 33144

FEI Number: 59-3834437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BREIJO, ARIELYS
5040 NW 7TH ST STE 714
MIAMI, FL 33126 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: BREIJO, ARIELYS
Address: 5040 NW 7TH ST STE 714
City-St-Zip: MIAMI, FL 33126

Title: VICE
Name: RODRIGUEZ, YORDANSKA
Address: 5040 N.W 7 STREET, SUITE # 714
City-St-Zip: MIAMI, FL 33126

Title: VP
Name: RODRIGUEZ, YORDANSKA
Address: 5040 NW 7TH ST STE 714
City-St-Zip: MIAMI, FL 33126

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: ARIELYS BREIJO P 03/16/2011

Electronic Signature of Signing Officer or Director Date