

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000111689

Entity Name: AWAKE TO HEALTH, INC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4910 LUSTER LEAF LANE  
SARASOTA, FL 34241

**New Principal Place of Business:**

**Current Mailing Address:**

4910 LUSTER LEAF LANE  
SARASOTA, FL 34241

**New Mailing Address:**

FEI Number: 22-3942166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 CORAL WAY  
4TH FLOOR  
MIAMI, FL 33145 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: DPT  
Name: CAPO, EVELISSE  
Address: 4910 LUSTER LEAF LANE  
City-St-Zip: SARASOTA, FL 34241

Title: DVS  
Name: HERNANDEZ, SIGFRIDO  
Address: 4910 LUSTER LEAF LANE  
City-St-Zip: SARASOTA, FL 34241

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: SIGFRIDO HERNANDEZ

DVS

04/30/2011

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

\_\_\_\_\_  
Date