

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000022192

FILED
Jun 09, 2008
Secretary of State

Entity Name: ABSOLUTE BALANCE OF LIFE HEALTH AND WELLNESS CENTER, INC.

Current Principal Place of Business:

2561 NW 79TH AVE.
MARGATE, FL 33063

New Principal Place of Business:

98 S. FEDERAL HWY.
BOCA RATON, FL 33432

Current Mailing Address:

2561 NW 79TH AVE.
MARGATE, FL 33063

New Mailing Address:

FEI Number: 77-0672068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZZARI, BRAZELIA DR.
2561 NW 79TH AVE.
MARGATE, FL 33063 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 () Delete
Name: LAZZARI, BRAZELIA
Address: 2561 NW 79TH AVE.
City-St-Zip: MARGATE, FL 33063

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Change (X) Addition
Name: LAZZARI, JAMES D
Address: 2561 NW 79TH AVE.
City-St-Zip: MARGATE, FL 33063

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: BRAZELIA LAZZARI

PRES

06/09/2008

Electronic Signature of Signing Officer or Director

Date