2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075640

Entity Name: ALLURE WELLNESS CENTER, P.A.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
201 NW 82 STE 405 PLANTATIO	ND AVE ON, FL 33324				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
201 NW 82 STE 405 PLANTATIO	ND AVE ON, FL 33324				
FEI Number:	26-0457868	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
201 NW 82 STE 405 PLANTATION		US	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		(2)(b), F.S., the corporation did normal Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () BAYRON, FERN 201 NW 82ND A PLANTATION, F	VE #405	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () DELGADO, BRE 201 NW 82ND A PLANTATION, F	VE #405	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: FERNANDO E BAYRON PD 05/01/2009