

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034749

FILED
Jan 07, 2009
Secretary of State

Entity Name: A PRESTIGE WELLNESS CENTER, P.A.

Current Principal Place of Business:

3650 NW 82 AVE, STE 503
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

3650 NW 82 AVE, STE 503
DORAL, FL 33166

New Mailing Address:

FEI Number: 26-2350828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, LUIS A
6202 W CORPORATE OAKS DR
MEADOWCREST OFFICE PARK
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

MARTINEZ, LUIS A
3650 NW 82 AVE, STE 503
DORAL, FL 33166 US

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: LUIS A MARTINEZ

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTINEZ, LUIS A
Address: 6202 W CORPORATE DR, MEADOWCREST OFFICE PA
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MARTINEZ, LUIS A
Address: 3650 NW 82 AVE, STE 503
City-St-Zip: DORAL, FL 33166

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: LUIS A MARTINEZ

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date