

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000099391

FILED
Feb 17, 2009
Secretary of State

Entity Name: ADVANCED WELLNESS RESEARCH INC.

Current Principal Place of Business:

1000 SOUTH POINTE DRIVE #1901
MIAMI BEACH, FL 33139

New Principal Place of Business:

500 SOUTH POINTE DR
230
MIAMI BEACH, FL 33139

Current Mailing Address:

350 5TH AVE, FL59
NEW YORK, NY 10118

New Mailing Address:

500 SOUTH POINTE DR
230
MIAMI BEACH, FL 33139

FEI Number: 26-3659240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

HOMER BONNER, PA
1200 FOUR SEASON TOWER
1441 BRICKELL AVE
MIAMI, FL 33131 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: PETER W HOMER

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MOLINA, NICOLAS
Address: 1000 SOUTH POINTE DRIVE #1901
City-St-Zip: MIAMI BEACH, FL 33139

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRSN (X) Change () Addition
Name: MOLINA, NICOLAS
Address: 500 SOUTH POINTE DR SUITE 230
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPDR () Change (X) Addition
Name: TRIMARCO, MICHAEL
Address: 500 SOUTH POINTE DR SUITE 230
City-St-Zip: MIAMI BEACH, FL 33139

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: NICOLAS MOLINA

PRSN

02/17/2009

Electronic Signature of Signing Officer or Director

Date