

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000099391

FILED  
Feb 01, 2010  
Secretary of State

**Entity Name:** ADVANCED WELLNESS RESEARCH INC.

**Current Principal Place of Business:**

500 SOUTH POINTE DR  
230  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

2641 E ATLANTIC BLVD  
202 C/O PINNACLE COMPUTING  
POMPANO, FL 33062

**Current Mailing Address:**

500 SOUTH POINTE DR  
230  
MIAMI BEACH, FL 33139

**New Mailing Address:**

2641 E ATLANTIC BLVD  
202 C/O PINNACLE COMPUTING  
POMPANO, FL 33062

**FEI Number:** 26-3659240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOMER BONNER, PA  
1200 FOUR SEASON TOWER  
1441 BRICKELL AVE  
MIAMI, FL 33131 US

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

HOMER BONNER, PA  
1441 BRICKELL AVE  
SUITE 1200  
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: NICOLAS MOLINA

02/01/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRSN  
Name: MOLINA, NICOLAS  
Address: 2641 E ATLANTIC BLVD SUITE 202  
City-St-Zip: POMPANO, FL 33062

Title: VPDR  
Name: TRIMARCO, MICHAEL  
Address: 2641 E ATLANTIC BLVD SUITE 202  
City-St-Zip: POMPANO, FL 33062

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: NICOLAS MOLINA

PRSN

02/01/2010

Electronic Signature of Signing Officer or Director

Date