2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2011
Secretary of State

DOCUMENT# P10000033220

Entity Name: EVOLUTION WELLNESS CENTER CORP

Current Principal Place of Business:

4789 SW 148TH AVENUE
203
DAVIE, FL 33330

New Principal Place of Business:

4789 SW 148TH AVENUE
202
DAVIE, FL 33330

Current Mailing Address:

4789 SW 148TH AVENUE
203
DAVIE, FL 33330

New Mailing Address:

4789 SW 148TH AVENUE
202
DAVIE, FL 33330

FEI Number: 27-2400590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARIN, KIMBERLY A
4789 SW 148TH AVENUE
203
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

MARIN, KIMBERLY A
4789 SW 148TH AVENUE
202
DAVIE, FL 33330 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: KIMBERLY MARIN 04/13/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: MARIN, KIMBERLY A
Address: 4789 SW 148TH AVENUE #202
City-St-Zip: DAVIE, FL 33330

Title: VP
Name: MARIN, KIMBERLY A
Address: 4789 SW 148TH AVENUE #202
City-St-Zip: DAVIE, FL 33330

Title: S
Name: MARIN, KIMBERLY A
Address: 4789 SW 148TH AVENUE #202
City-St-Zip: DAVIE, FL 33330

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: KIMBERLY MARIN PRES 04/13/2011
Electronic Signature of Signing Officer or Director Date