

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000047212

**FILED**  
**Feb 26, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN RELAX CENTER, INC

**Current Principal Place of Business:**

4600 N HABANA AVE  
STE. 18A  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4600 N HABANA AVE  
STE. 18A  
TAMPA, FL 33614

**New Mailing Address:**

P O BOX 472076  
MAMI, FL 33247-207

**FEI Number:** 27-2781653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA-LOPRESTO, SOLIANID  
4600 N HABANA AVE  
STE. 18A  
TAMPA, FL 33614 US

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

RIVERA-LOPRESTO, SOLIANID  
4600 N HABANA AVE  
STE 18A  
TAMPA, FL 33614 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/26/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RIVERA-LOPRESTO, SOLIANID  
Address: 4600 N HABANA AVE  
City-St-Zip: TAMPA, FL 33614 US

Title: VP  
Name: CONSUEGRA, LUIS E  
Address: 4600 N HABANA AVE  
City-St-Zip: TAMPA, FL 33614

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: LUIS E CONSUEGRA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

02/26/2012

\_\_\_\_\_  
Date