

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000066329

FILED
Jan 31, 2011
Secretary of State

Entity Name: CYPRESS WELLNESS CENTER INC

Current Principal Place of Business:

3249 W. CYPRESS ST., STE C
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3249 W. CYPRESS ST., STE C
TAMPA, FL 33607

New Mailing Address:

FEI Number: 27-0930943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIANA, NOHORA P
3249 W. CYPRESS ST., STE C
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: P
Name: TRIANA, NOHORA P
Address: 3249 W. CYPRESS ST., STE C
City-St-Zip: TAMPA, FL 33607

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: NOHORA PATRICIA TRIANA

P

01/31/2011

Electronic Signature of Signing Officer or Director

Date