2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2012
Secretary of State

DOCUMENT# P10000066329

Entity Name: CYPRESS WELLNESS CENTER INC

Current Principal Place of Business:

1528 LAND O' LAKES BLVD., SUITE 102
LAND O' LAKES, FL 33549

New Principal Place of Business:

Current Mailing Address:

1528 LAND O' LAKES BLVD., SUITE 102
LAND O' LAKES, FL 33549

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:

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

Name and Address of New Registered Agent:

TRIANA, NOHORA P
3249 W. CYPRESS ST., STE C
TAMPA, FL 33607 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: NOHORA P TRIANA 01/26/2012
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 P TRIANA PRES 01/26/2012
Electronic Signature of Signing Officer or Director Date