

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000078359

Entity Name: SOBE WELLNESS, INC.

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1485 37TH ST SUITE 103  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

1485 37TH ST SUITE 103  
VERO BEACH, FL 32960

**New Mailing Address:**

P.O. BOX 6009  
VERO BEACH, FL 32961 US

FEI Number: 80-0662246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARVUS, DIRK F  
1485 37TH ST SUITE 103  
VERO BEACH, FL 32960 US

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

PARVUS, DIRK F  
1485 37TH ST  
SUITE 103  
VERO BEACH, FL 32960 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

01/13/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: PARVUS, DIRK F  
Address: 1485 37TH ST SUITE 103  
City-St-Zip: VERO BEACH, FL 32960

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: DIRK F. PARVUS

PRES

01/13/2011

Electronic Signature of Signing Officer or Director

Date