

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000065589

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** FAC WELLNESS, INC.

**Current Principal Place of Business:**

2030 S OCEAN DR  
#1520  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

2030 S OCEAN DR  
#1526  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

2030 S OCEAN DR  
#1520  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

2030 S OCEAN DR  
#1526  
HALLANDALE BEACH, FL 33009

**FEI Number:** 45-2805970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACCOUNTING MAX SERVICES INC  
6635 W COMMERCIAL BLVD  
STE 214  
TAMARAC, FL 33319 US

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

ACCOUNTING MAX SERVICES INC  
6635 W COMMERCIAL BLVD  
STE 115  
TAMARAC, FL 33319 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:** MARY C TOVAR

04/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CLAUSSEN, FEDERICO A  
**Address:** 2030 S OCEAN DR #1526  
**City-St-Zip:** HALLANDALE BEACH, FL 33309

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:** FEDERICO A CLAUSSEN

P

04/10/2012

Electronic Signature of Signing Officer or Director

Date