

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000091896

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** THE WELLNESS SPOT CENTER, INC.

**Current Principal Place of Business:**

318-328 HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

318-328 HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

**FEI Number:** 45-3657158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABU-MOUSTAFA, SHERIEF  
318-328 HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33441 US

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

WALLIS & WALLIS, P.A.  
1600 S FEDERAL HWY  
SUITE 470  
POMPANO BEACH, FL 33062 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:** JOAN WALLIS

01/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ABU-MOUSTAFA, SHERIEF  
**Address:** 318-328 HILLSBORO BOULEVARD  
**City-St-Zip:** DEERFIELD BEACH, FL 33441

**Title:** VP  
**Name:** ABU-MOUSTAFA, ADEL  
**Address:** 318-328 HILLSBORO BOULEVARD  
**City-St-Zip:** DEERFIELD BEACH, FL 33441

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:** SHERIEF ABU-MOUSTAFA

P

01/18/2012

Electronic Signature of Signing Officer or Director

Date