

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000102626

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** PURE HEALTH AND WELLNESS, INC.

**Current Principal Place of Business:**

2031 N BAY RD  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

2031 N BAY RD  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

**FEI Number:** 43-3960969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAMBOR, APRIL R  
2031 N BAY RD  
MIAMI BEACH, FL 33140 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: TAMBOR, APRIL R  
Address: 2031 N BAY RD  
City-St-Zip: MIAMI BEACH, FL 33140 US

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: APRIL TAMBOR

P

02/14/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date