

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K79015

**Entity Name:** NU-ASANA WELLNESS INC.

**Current Principal Place of Business:**

3170 SW 111 AVE.  
MIAMI, FL 33165

**Current Mailing Address:**

3170 SW 111 AVE.  
MIAMI, FL 33165

**FEI Number:** 65-0171117

**Certificate of Status Desired:** No

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

FOR, JORGIE L  
1105 PONCE DELEON BLVD.  
CORAL GABLE, FL 33134 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            D  
Name            NUCHE, JORGE G.  
Address        3170 SW 111 AVE  
City-State-Zip: MIAMI FL 33165

*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:** JORGE GABRIEL NUCHE

**PRINCIPAL**

**04/27/2016**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date