

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000103065

Entity Name: CALIFORNIA WELLNESS COMPANY, INC

Current Principal Place of Business:

507 TYRELLA AVE.
MOUNTAIN VIEW, CA 94043

Current Mailing Address:

507 TYRELLA AVE.
MOUNTAIN VIEW, CA 94043

FEI Number: 27-1583274

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEON, ROSA E
16132 NW 14 COURT
PEMBROKE PINES, FL 33028 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 P
Name SANMIGUEL-RIGUEROS, PAOLA A
Address 507 TYRELLA AVE.
City-State-Zip: MOUNTAIN VIEW CA 94043

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: PAOLA A. SANMIGUEL-RIGUEROS

P

04/18/2013

Electronic Signature of Signing Officer/Director Detail

Date