

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000070961

Entity Name: EMPOWERED WHOLENESS ENTERPRISES CORP

Current Principal Place of Business:

5609 VICTORIA GARDENS BLVD , APT 1202
PORT ORANGE, FL 32127

Current Mailing Address:

5609 VICTORIA GARDENS BLVD , APT 1202
PORT ORANGE, FL 32127

FEI Number: 93-3826036

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUZUNARIS, ASTRID N
5609 VICTORIA GARDENS BLVD , APT 1202
PORT ORANGE, FL 32127 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	Title	P
Name	LUZUNARIS, ASTRID N	Name	SANTOS CONCEPCION, JOSHUA A
Address	5609 VICTORIA GARDENS BLVD , APT 1202	Address	5609 VICTORIA GARDENS BLVD , APT 1202
City-State-Zip:	PORT ORANGE FL 32127	City-State-Zip:	PORT ORANGE FL 32127

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: ASTRID N LUZUNARIS

OWNER

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date