

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24000053200

Entity Name: EMPOWERMENT WELLNESS CENTER, INC

Current Principal Place of Business:

2333 N STATE RD 7
SUITE E-G
MARGATE, FL 33063

Current Mailing Address:

2333 N STATE RD 7
SUITE E-G
MARGATE, FL 33063 US

FEI Number: 99-4618513

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CERANT, FRANTZ G
2333 N STATE RD 7
SUITE E-G
MARGATE, FL 33063 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: FRANTZ CERANT

01/03/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	CERANT, FRANTZ G	Name	ORASMY, GUILLOVANIE
Address	2333 N STATE RD 7 SUITE E-G	Address	2333 N STATE RD 7 SUITE E-G
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063

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: FRANTZ CERANT

P

01/03/2025

Electronic Signature of Signing Officer/Director Detail

Date