

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008158

FILED
May 26, 2009
Secretary of State

Entity Name: INTERNATIONAL HEALTH INITIATIVES, INC.

Current Principal Place of Business:

6511 NOVA DRIVE
#105
DAVIE, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

6511 NOVA DRIVE
#105
DAVIE, FL 33317 US

New Mailing Address:

FEI Number: 20-1511058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDREA, KIRSH
2535 REGATTA AVE
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 () Delete
Name: BLAVO, CYRIL
Address: 6511 NOVA DRIVE #105
City-St-Zip: DAVIE, FL 33317 US

Title: VP () Delete
Name: KIRSH, WILLIAM
Address: 6511 NOVA DRIVE #105
City-St-Zip: DAVIE, FL 33317 US

Title: D () Delete
Name: JOHNSON, KENNETH
Address: 6511 NOVA DRIVE #105
City-St-Zip: DAVIE, FL 33317 US

Title: D () Delete
Name: SIDBERRY, GRACE
Address: 6511 NOVA DRIVE # 105
City-St-Zip: DAVIE, FL 33317 US

Title: D () Delete
Name: QUERAL, CARMEN
Address: 6511 NOVA DRIVE #105
City-St-Zip: DAVIE, FL 33317 US

Title: D () Delete
Name: ASHIAGBOR, BISMARCK
Address: 6511 NOVA DRIVE #105
City-St-Zip: DAVIE, FL 33317 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM KIRSH

VP

05/26/2009

Electronic Signature of Signing Officer or Director

_____ Date