

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038935

FILED
Apr 01, 2004
Secretary of State

Entity Name: HOLISTIC THERAPY & COUNSELING, INC.

Current Principal Place of Business:

14707 SOUTH DIXIE HWY., SUITE 318
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

14707 SOUTH DIXIE HWY., SUITE 318
MIAMI, FL 33176

New Mailing Address:

FEI Number: 03-0514049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MICHELE, CRESPO M
14707 S DIXIE HWY. SUITE 318
MIAMI, FL 33176 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: MICHELE CRESPO

04/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: CRESPO, MARTIN E
Address: 14707 SOUTH DIXIE HWY., SUITE 318
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN CRESPO, PRESIDENT

PRES

04/01/2004

Electronic Signature of Signing Officer or Director

Date