

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065564

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: CLEAR VIEW HYPNOTHERAPY INSTITUTE, INC

## Current Principal Place of Business:

8864 SW 129 TERRACE  
B  
MIAMI, FL 33176

## New Principal Place of Business:

8180 NW 36 ST  
310  
MIAMI, FL 33166

## Current Mailing Address:

3571 NW 87 STREET  
MIAMI, FL 33137

## New Mailing Address:

8180 NW 36 ST  
310  
MIAMI, FL 33166

FEI Number: 45-0563881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOBARGANES, ONIX  
3571 NW 87 STREET  
MIAMI, FL 33147 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DOBARGANES, ONIX  
Address: 3571 NW 87 STREET  
City-St-Zip: MIAMI, FL 33147

## 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ONIX DOBARGANES

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date