

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065564

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** CLEAR VIEW HYPNOTHERAPY INSTITUTE, INC

**Current Principal Place of Business:**

8180 NW 36 ST  
310  
MIAMI, FL 33166

**New Principal Place of Business:**

8180 NW 36 ST  
310  
DORAL, FL 33166

**Current Mailing Address:**

8180 NW 36 ST  
310  
MIAMI, FL 33166

**New Mailing Address:**

8180 NW 36 ST  
310  
DORAL, 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:**

DOBARGANES, ONIX  
8180 NW 36 STREET  
310  
DORAL, FL 33166 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:** ONIX DOBARGANES

03/09/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DOBARGANES, ONIX  
**Address:** 8180 NW 36 STREET #310  
**City-St-Zip:** DORAL, FL 33166

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:** ONIX DOBARGANES

P

03/09/2010

Electronic Signature of Signing Officer or Director

Date