2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2011
Secretary of State

DOCUMENT# P07000065564

Entity Name: CLEAR VIEW HYPNOTHERAPY INSTITUTE, INC

Current Principal Place of Business:

8180 NW 36 ST
310
DORAL, FL 33166

New Principal Place of Business:

1301 NW 89 CT
219
DORAL, FL 33172

Current Mailing Address:

8180 NW 36 ST
310
DORAL, FL 33166

New Mailing Address:

1301 NW 89 CT
219
DORAL, FL 33172

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
8180 NW 36 STREET
310
DORAL, FL 33166 US

Name and Address of New Registered Agent:

DOBARGANES, ONIX
3571 NW 87 ST
MIAMI, FL 33147 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 03/12/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: DOBARGANES, ONIX
Address: 3571 NW 87 ST
City-St-Zip: MIAMI, FL 33147

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 03/12/2011
Electronic Signature of Signing Officer or Director Date