2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P07000127128

Entity Name: HOLISTIC RELAXATION CENTER INC

Current Principal Place of Business:

850 NORTH MIAMI AVE
1202
MIAMI, FL 33136 US

New Principal Place of Business:

555 NE 15 STREET
14K
MIAMI, FL 33132 US

Current Mailing Address:

850 NORTH MIAMI AVE
1202
MIAMI, FL 33136

New Mailing Address:

555 NE 15 STREET
14K
MIAMI, FL 33132 US

FEI Number: 26-1528897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, OSCAR F
850 NORTH MIAMI AVE
1202
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

FINE, DAVID
10729 SW 104 STREET
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: DAVID FINE 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOMEZ, OSCAR F
Address: 850 NORTH MIAMI AVE
City-St-Zip: MIAMI, FL 33136 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GOMEZ, OSCAR F
Address: 555 NE 15 STREET, #14K
City-St-Zip: MIAMI, FL 33132 US

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: OSCAR GOMEZ P 04/29/2009
Electronic Signature of Signing Officer or Director Date