# 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: DANIEL ALBERTO GIANI

Electronic Signature of Signing Officer/Director Detail

# 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P04000049205

**Entity Name:** CITA - CENTRO INTERNACIONAL DE TERAPIAS ALTERNATIVAS INC.

#### Current Principal Place of Business:

8919 OLD PINE ROAD BOCA RATON, FL 33433

## **Current Mailing Address:**

8919 OLD PINE ROAD BOCA RATON, FL 33433 US

# FEI Number: 20-5922908

#### Name and Address of Current Registered Agent:

GIANI, DANIEL AMR 8919 OLD PINE ROAD BOCA RATON, FL 33433 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	: DANIEL GIANI			04/30/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Ρ	Title	VP	
Name	GIANI, DANIEL AMR	Name	GIANI, TERESINHA HMRS	
Address	8919 OLD PINE ROAD	Address	8919 OLD PINE ROAD	
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	BOCA RATON FL 33433	

Certificate of Status Desired: No

04/30/2019

#### FILED Apr 30, 2019 Secretary of State 0528571585CC

Date