

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000049205

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

**FILED**  
**May 01, 2017**  
**Secretary of State**  
**CC7942437294**

**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

**Certificate of Status Desired:** No

**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

05/01/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	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

*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 A GIANI

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date