

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000081983

**Entity Name:** INTERNATIONAL INSTITUTE OF BRAIN RESEARCH AND EDUCATION CORP.

**FILED**  
**Mar 06, 2013**  
**Secretary of State**  
**CC8562861053**

**Current Principal Place of Business:**

6039 COLLINS AVENUE  
SUITE #1202  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

6039 COLLINS AVENUE  
SUITE #1202  
MIAMI BEACH, FL 33140 US

**FEI Number: 30-0704292**

**Certificate of Status Desired: No**

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

KEALOHA, NICK DR.  
6039 COLLINS AVENUE  
SUITE #1202  
MIAMI BEACH, FL 33140 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: DR. NICK KEALOHA**

**03/06/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/P  
Name KEALOHA, NICK DR.  
Address 6039 COLLINS AVENUE  
SUITE #1202  
City-State-Zip: MIAMI BEACH FL 33140

*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: DR. NICK KEALOHA**

**DIRECTOR/PRESIDENT**

**03/06/2013**

Electronic Signature of Signing Officer/Director Detail

Date