

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90060 041 ***150.00

DOCUMENT # 643908 1. Entity Name SELF AWARENESS WORKSHOP, INC.					
Principal Place of Business 420 S. DIXIE HIGHWAY SUITE 4-A CORAL GABLES FL 33146			Mailing Address 420 S. DIXIE HIGHWAY SUITE 4-A CORAL GABLES FL 33146		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1971906 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, JOSEPHINE 2215 S.W. 27 LANE COCONUT GROVE FL 33133				7. Name and Address of New Registered Agent Name Sue B. Griffiths, PhD Street Address (P.O. Box Number is Not Acceptable) 12806 SW 67 Terrace City Miami FL Zip Code 33183	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Sue B. Griffiths, PhD</i></u> 4/24/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS GRIFFITHS, SUSAN BATES <input type="checkbox"/> Delete 12806 S W 67TH TERRACE MIAMI, FL 00000		TITLE NAME STREET ADDRESS CITY- ST- ZIP	President and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sue B. Griffiths, PhD 12806 SW 67 Terrace Miami, FL 33183	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT PEREZ, JOSEPHINE <input checked="" type="checkbox"/> Delete 2215 SW 27 LANE COCONUT GROVE FL		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP and Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Denise London 12806 SW 67 Terrace Miami, FL 33183	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Sue B. Griffiths, PhD</i></u> SUE B. GRIFFITHS, PH.D., Pres. and Treasurer			4/24/07 305-666-7353 Date Daytime Phone		