

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000420

Entity Name: THE HEALING PATH, INC.

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

9950 NW 51ST LN.
MIAMI, FL 33178

New Principal Place of Business:

719 LAKE DAVIS DRIVE
ORLANDO, FL 32806

Current Mailing Address:

9950 NW 51ST LN.
MIAMI, FL 33178

New Mailing Address:

719 LAKE DAVIS DRIVE
ORLANDO, FL 32806

FEI Number: 02-0668061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOPEZ, LAZARO J ESQ.
3663 SW 8TH ST., SUITE 206
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

ALVAREZ, CATALINA
719 LAKE DAVIS DRIVE
ORLANDO, FL 32806 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: CATALINA ALVAREZ

01/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALVAREZ, CATALINA
Address: 9950 NW 51ST LN.
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: DE LEON, GIOVANNA
Address: 9950 NW 51ST LN.
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: LOPEZ, LAZARO J
Address: 9950 NW 51ST LN.
City-St-Zip: MIAMI, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALVAREZ, CATALINA
Address: 719 LAKE DAVIS DRIVE
City-St-Zip: ORLANDO, FL 32806 US

Title: D (X) Change () Addition
Name: DE LEON, GIOVANNA
Address: 719 LAKE DAVIS DRIVE
City-St-Zip: ORLANDO, FL 32806 US

Title: D (X) Change () Addition
Name: LOPEZ, LAZARO J
Address: 719 LAKE DAVIS DRIVE
City-St-Zip: ORLANDO, FL 32806 US

Title: T () Change (X) Addition
Name: MALUJE, MARIO
Address: 2707 CHILD STREET
City-St-Zip: OCOEE, FL 34761 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATALINA ALVAREZ

D

01/07/2005

Electronic Signature of Signing Officer or Director

Date