

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011431

FILED  
Aug 25, 2007  
Secretary of State

Entity Name: HEALTH TOURISM INTERNATIONAL CHAMBER OF COMMERCE, INC.

## Current Principal Place of Business:

4880 NW 7 ST  
MIAMI, FL 33126

## New Principal Place of Business:

5201 BLUE LAGOON  
PH  
MIAMI, FL 33126

## Current Mailing Address:

4880 NW 7 ST  
MIAMI, FL 33126

## New Mailing Address:

5201 BLUE LAGOON  
PH  
MIAMI, FL 33126

FEI Number: 20-1977675      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

GARIS, SILEGA L  
3001 SW 103 AVE  
MIAMI, FL 33165      US

## Name and Address of New Registered Agent:

GARIS, SILEGA L  
5201 BLUE LAGOON  
PH  
MIAMI, FL 33126 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: \_\_\_\_\_

08/25/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: SILEGA, GARIS L  
Address: 3001 SW 103 AVE  
City-St-Zip: MIAMI, FL 33165

Title: VP      ( ) Delete  
Name: SILEGA, ODALYS  
Address: 3001 SW 103 AVE  
City-St-Zip: MIAMI, FL 33165

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P      (X) Change ( ) Addition  
Name: SILEGA, GARIS L DR  
Address: 5201 BLUE LAGOON  
City-St-Zip: MIAMI, FL 33126

Title: VP      (X) Change ( ) Addition  
Name: SILEGA, ODALYS  
Address: 5201 BLUE LAGOON  
City-St-Zip: MIAMI, FL 33126

Title: VP      ( ) Change (X) Addition  
Name: MATO, MIGUEL A DR  
Address: 13305 NE 2ND AVE  
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP      ( ) Change (X) Addition  
Name: ZALLAQUETT, WILLIAN A  
Address: 1431 SW 13 ST  
City-St-Zip: MIAMI, FL 33145

Title: S      ( ) Change (X) Addition  
Name: CHETRIT, SILVIA I DR  
Address: 6039 COLLINS AVE, APT 1407  
City-St-Zip: MIAMI BEACH, FL 33140

Title: IR      ( ) Change (X) Addition  
Name: ZALLAQUETT, JUAN A  
Address: 1535 MERIDIAN AVE UNIDAD 7  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GARIS L SILEGA

P

08/25/2007

Electronic Signature of Signing Officer or Director

Date