

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009187

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: SOUL FOCUSED HEALING, INC.

## Current Principal Place of Business:

927 LINCOLN ROAD  
UNIT 210  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

927 LINCOLN ROAD  
UNIT 210  
MIAMI BEACH, FL 33139

## New Mailing Address:

FEI Number: 20-3452616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EGOZI, JEANNETTE B  
927 LINCOLN ROAD  
UNIT 210  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EGOZI, JEANNETTE  
Address: 7320 GARY AVENUE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete  
Name: LEIFER, CLAUDIA  
Address: 20710 NW 29TH AVENUE  
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete  
Name: MARTINEZ, TERESA D  
Address: PO BOX 952  
City-St-Zip: HALLANDALE, FL 33008

Title: D ( ) Delete  
Name: MILLS, DEBORAH  
Address: 5555 COLLINS AVENUE #9L  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: PROCTOR, BILL  
Address: 21 MOFFIT ROAD  
City-St-Zip: ASHEVILLE, NC 28805

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JEANNETTE EGOZI

D

01/22/2008

Electronic Signature of Signing Officer or Director

Date