

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 04, 2008
Secretary of State

DOCUMENT# N06000012802

Entity Name: HOLISTIC INSTITUTE INC

Current Principal Place of Business:665 NE 195 STREET
425
MIAMI, FL 33179 US**New Principal Place of Business:****Current Mailing Address:**665 NE 195 STREET
425
MIAMI, FL 33179 US**New Mailing Address:**

FEI Number: 20-8074651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DIAZ, LUIS V SR
665 NE 195 STREET
425
MIAMI, FL 33179 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: P () Delete
Name: DIAZ, LUIS V SR
Address: 665 NE 195 STREET # 425
City-St-Zip: MIAMI, FL 33179Title: VP () Delete
Name: MEDINA, GLORIA
Address: 375 SOUTH ROYAL PONCIANA BLVD., SUITE C10
City-St-Zip: MIAMI, FL 33166Title: SEC. () Delete
Name: DIAZ, LAURA
Address: 7110 NW 179 STREET, # 211
City-St-Zip: HIALEAH, FL 33015Title: T () Delete
Name: KIRCHNER, ROZANA L
Address: 665 NE 195 STREET # 425
City-St-Zip: MIAMI, FL 33179 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: NIETO-GOSHE, CECILIA M
Address: 6969 SW 109 CT
City-St-Zip: MIAMI, FL 33173Title: () 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: ROZANA L. KIRCHNER

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10/04/2008

Electronic Signature of Signing Officer or Director

Date