2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000004018

1. Entity Name
CENTRO INTERNACIONAL DE TEOTERAPIA INTEGRAL, INC.

Principal Place of Business	Mailing Address
3399 N. W. 72 AVE MIAMI, FL 33132	PO BOX 524156 MIAMI, FL 33152

DO NOT WRITE IN THIS SPACE

01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0508909

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTANO, LUIS B
3399 N. W. 72 AVE
MIAMI, FL 33132

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASTANO, LUIS B
STREET ADDRESS	3399 NW 72ND AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	JAIMES, DELMA
STREET ADDRESS	14981 SW 147 CT
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D
NAME	CASTANO OLGA
STREET ADDRESS	9939 NW 29 ST
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/07-80014-009 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Delmma Jaimes 1/20/07 (305)8989780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #