


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004917	
1. Entity Name HEALING ARTS OF TAO, INC.	

Principal Place of Business 7071 W COMMERCIAL BLVD STE 2-C FORT LAUDERDALE, FL 33319 US	Mailing Address P O BOX 451236 SUNRISE, FL 33345-236 US
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01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0710448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**IBORRA, FRANK
11470 N.W. 38 PLACE
SUNRISE, FL 33323-1104**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IBORRA, FRANK 11470 N.W. 38 PLACE SUNRISE, FL 333231104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD IBORRA, MARION 11470 N.W. 38 PLACE SUNRISE, FL 333231104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGMAN, ABBY 301 N. PINE ISLAND RD. PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHLIN, SUSAN 3801 N.E. 170 ST. N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000251643
03/04/05-80059-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marion Iborra **3-1-05** **954/721-7252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #