

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90015 014 \*\*\*\*\*61.25

**DOCUMENT # N99000006487**

1. Entity Name

**EXTENSION CONTEMPLATIVA INTERNACIONAL, INC.**



Principal Place of Business

Mailing Address

**284 CURLEW CIRCLE  
ALTAMONTE SPRINGS FL 32701**

**284 CURLEW CIRCLE  
ALTAMONTE SPRINGS FL 32701**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-3629456**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REISSNER, ILSE  
284 CURLEW CIRCLE  
ALTAMONTE SPRINGS FL 32701**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	P	REISSNER, ILSE	284 CURLEW CIR ALTAMONTE SPRINGS FL 32701				
	D	HENRIQUEZ, ADALBERTO MD	71 RIVER RIDGE DR. ROCKLEDGE FL 32955				
	S	LOPEZ, RICARDO	3511 SW 109 AVE MIAMI FL 33165				
	D	HUGO, MEJIA MD	9040 SW 58TH AVE MIAMI FL 33156				
	T	REISSNER, ILSE	284 CURLEW CIR. ALTAMONTE SPRINGS FL 32701				
	D	HENRIQUEZ, MARGARITA	71 RIVER RIDGE DR ROCKLEDGE FL 32955				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*Ilse Reissner* **ILSE REISSNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/07**

Date

**407-767-7967**

Daytime Phone #