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Secretary of State
03-24-2003 91016 040 ***158.75

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018670

55026190

1. Entity Name
ANANDA HOLISTIC HEALING INSTITUTE INC.

Principal Place of Business	Mailing Address
850NW 87 AVE #305 MIAMI, FL 33172	850NW 87 AVE #305 MIAMI, FL 33172

2. Principal Place of Business		3. Mailing Address	
3900 NW 79 AVE		Same	
Suite, Apt. #, etc. 425		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33166	Country USA	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0987886 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, AMARELY
1860 SW 126TH COURT
MIAMI, FL 33175

7. Name and Address of New Registered Agent

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 Silvia Martin SILVIA MARTIN 3/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIAZ, AMARELY 1860 SW 126TH COURT MIAMI, FL 33175	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
PRESIDENT — TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARTIN, SILVIA 3900 NW 79 AVE Suite 425 Miami, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Silvia Martin SILVIA MARTIN 3/10/03 305-436-8430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #