## **2005 FOR PROFIT CORPORATION**

## ANNUAL REPORT **DOCUMENT # P00000037197** 1. Entity Name A HEALING PLACE, INC. Principal Place of Business Mailing Address

**FILED** Apr 13, 2005 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

2699 STIRLING ROAD

FORT LAUDERDALE, FL 33312

SUITE A-105

04092005	No Chg-P	CR2E034 (10/03)			
4. FEI Number 65-1009			Applied F		
5. Certificate of	f Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

2699 STIRLING ROAD

FORT LAUDERDALE, FL 33312

SUITE A-105

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pations of registered agent.	ourpose of changing its regist	ered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and ac		
SIGNATURE.	Signature, typed or printed name of registered agent and title	(i spolicable (NVTE: Boylet	ared Acent Figure	re ranulaed when refreteling)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  (NOTE: Registered Agent signature required when reinstating)  \$5.00 May Be Added to Fees		\$5.00 May Be			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PASCAL, JOD! I 1000 QUAYSIDE TERR # 1109 MIAMI, FL 33138			Û	U00000301022 04/13/05-80015-003 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DE FARIA, ROSEMARY 735 NE 72 ST MIAMI, FL 33138						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12 I hereby o	certify that the information symplical with this fi	iling does not gualify for the e	remotion state	d in Section 110 07/2)	Vi) Florida Statutos I further cortifi, that the informati		

indicated on this report or supplied with this ning does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati-indicated on this report or suppliemental 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 direct 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 Blo