


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90080 029 \*\*\*150.00

<b>DOCUMENT # P00000040831</b>	
1. Entity Name <b>INNER REFLECTION THERAPY CENTER, PA</b>	

Principal Place of Business <b>8352 SW 8 STREET MIAMI, FL 33144 US</b>	Mailing Address <b>8882 NW 177 TERRACE MIAMI, FL 33018 US</b>
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2. Principal Place of Business <b>2125 BISCAYNE BLVD</b>	3. Mailing Address <b>2125 BISCAYNE BLVD</b>
Suite, Apt. #, etc. <b>550</b>	Suite, Apt. #, etc. <b>550</b>
City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33137</b>	Country <b>MIAMI-DADE</b>



07092005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1002567</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>IZQUIERDO, AIDA M 8882 NW 177 TERRACE MIAMI, FL 33018</b>	
7. Name and Address of New Registered Agent Name <b>IZQUIERDO, AIDA M.</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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.

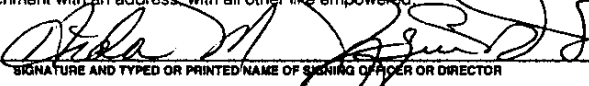
SIGNATURE  DATE **7-11-5**

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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IZQUIERDO, AIDA M 8882 NW 177 TERR. MIAMI, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JARAMILLO, MARY E 1717 N BAYSHORE DRIVE, # 3832 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **7-11-5** 305-576-4279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR