

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040831

FILED
Jul 10, 2007
Secretary of State

Entity Name: INNER REFLECTION THERAPY CENTER, PA

Current Principal Place of Business:

2125 BISCAYNE BLVD
550
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

2125 BISCAYNE BLVD
550
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 65-1002567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IZQUIERDO, AIDA M
8882 NW 177 TERRACE
MIAMI, FL 33018 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IZQUIERDO, AIDA M
Address: 8882 NW 177 TERR.
City-St-Zip: MIAMI, FL 33018 US

Title: SD () Delete
Name: JARAMILLO, MARY E
Address: 1717 N BAYSHORE DRIVE, # 3832
City-St-Zip: MIAMI, FL 33132 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIDA M. IZQUIERDO

PD

07/10/2007

Electronic Signature of Signing Officer or Director

Date