

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040831

FILED
Jan 23, 2009
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

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

Title: VP (X) Delete
Name: RIDRIGUEZ, PEDRO A
Address: 680 LAKE ROAD
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

DR

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date