2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000076758



AMERICAN HEARING INSTITUTE INC.										
2191 SW 122 COURT 2			Mailing Address 2191 SW 122 COUR MIAMI, FL 33175	2191 SW 122 COURT			J JUVV		. 18081 01151 1808	31 23 4 II 4 23 7
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address	Mailing Address		-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02112008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State	·		4. FEI Number 65-1136			No	oplied For ot Applicable	
Zìp			Zip			5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Regis			t Registered Agent			7. Name and A	Address of New R	legistered A	gent	
EEDNIAND	167 DAEA	\EI			Name					
FERNANDEZ, RAFAEL 2191 S.W. 122 COURT MIAMI, FL. 33175				Street Address		(P.O. Box Number	is Not Acceptable	9)		
					City				Zip Cod	e
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	e named entit tions of regist		or the purpose of changing	its register	ed office or registe	red agent, or both	i, in the State of Fk	orida. I am fa	amiliar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered ager	nt and title if applicable. (N	IOTE: Registere	ed Agent signature required	d when reinstating)		DATE		. <u></u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribut					noine CF					
					Add	i.00 May Be led to Fees				
			.00 Trust Fund Co		Add	led to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
10.	PSD	8 Fee will be \$550 OFFICERS AND	.00 Trust Fund Co	ontribution.	Add	led to Fees	CHANGES TO OFF		DIRECTORS	S IN 11
10. TITLE NAME	PSD FERNANI	OFFICERS AND DEZ, RAFAEL	.00 Trust Fund Co	ontribution. 11. TITL	Add	led to Fees	CHANGES TO OFF			
10. TITLE NAME STREET ADDRESS	PSD FERNANI 2191 SW	OFFICERS AND DEZ, RAFAÉL 122 COURT	.00 Trust Fund Co	11. TITE NAA STR	E Ado	led to Fees	CHANGES TO OFF			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <

NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 28, 2008 8:00 am Secretary of State 03-28-2008 90022 001 ***150.00