

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091918

FILED  
Mar 01, 2005  
Secretary of State

Entity Name: CENTRO INVESTIGATIVO DE MEDICINA ALTERNATIVA, INC.

## Current Principal Place of Business:

2687 S.W. 25TH TERRACE  
MIAMI, FL 33133

## New Principal Place of Business:

1623 WEST FLAGLER STREET  
MIAMI, FL 33135

## Current Mailing Address:

2687 S.W. 25TH TERRACE  
MIAMI, FL 33133

## New Mailing Address:

1623 WEST FLAGLER STREET  
MIAMI, FL 33135

FEI Number: 65-1149358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CEPEDA, HUGH E  
2687 S.W. 25TH TERRACE  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

CEPEDA, HUGH E  
1623 WEST FLAGLER STREET  
MIAMI, FL 33135 US

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:

03/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: DIAZ, PEDRO M  
Address: 7933 WEST DR., #921  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: PD ( ) Delete  
Name: CEPEDA, HUGO E  
Address: 248 NW 106TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: TD (X) Delete  
Name: HOLLOWAY, CARMELA  
Address: 8635 NW 8TH ST., #406  
City-St-Zip: MIAMI, FL 33126

Title: V (X) Delete  
Name: MURGUIDO, MARIO J  
Address: 590 SW 5TH AVE. #4  
City-St-Zip: MIAMI, FL 33130

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: MURGUIDO, MARIO J  
Address: 590 SW 5TH AVE. #4  
City-St-Zip: MIAMI, FL 33130

Title: PD (X) Change ( ) Addition  
Name: CEPEDA, HUGO E  
Address: 1623 WEST FLAGLER STREET  
City-St-Zip: PEMBROKE PINES, FL 33135

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 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 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: HUGO E. CEPEDA

P

03/01/2005

Electronic Signature of Signing Officer or Director

Date