

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104469

FILED
Jan 05, 2009
Secretary of State

Entity Name: CENTER FOR HOLISTIC OPTIONS, INC.

Current Principal Place of Business:

4800 NE 20TH TERRACE
SUITE 401
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

POB 1923
POMPANO BEACH, FL 33061

New Mailing Address:

FEI Number: 65-1149184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SERCHAY, ALLAN
5300 NORTHWEST 33 AVENUE
SUITE 117
FORT LAUDERDALE, FL 33309 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: D () Delete
Name: SHENK, PAMELA
Address: 5300 NW 33 AVE STE 117
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHENK, PAMELA
Address: POST OFFICE BOX 1923
City-St-Zip: POMPANO BEACH, FL 33361

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: PAMELA SHENK

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date