


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90175 024 \*\*\*150.00

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<b>DOCUMENT # P01000107552</b>			
1. Entity Name <b>REIKI ENLIGHTENMENT SERVICE CENTER, INC.</b>			
Principal Place of Business <b>7174 SW 47TH ST MIAMI, FL 33155</b>		Mailing Address <b>7174 SW 47TH ST MIAMI, FL 33155</b>	
2. Principal Place of Business <b>12200 SW 99 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>12200 SW 99 ST</b> Suite, Apt. #, etc.	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>	
Zip <b>33186</b>	Country <b>US</b>	Zip <b>33186</b>	Country <b>US</b>
4. FEI Number <b>65-1036040</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>REIKI ENLIGHTENMENT HEALING CENTER 12200 SW 99 ST MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent signature required when re-registering) DATE:			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTV GALVES EINHORN, ELIZABETH 7174 SW 47TH ST MIAMI, FL 33155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>[Signature]</i>		Date Daytime Phone #	