

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000038664

1. Entity Name

ALPHA INSTITUTE FOR HYPNOSIS AND REIKI, INC.



Principal Place of Business

19720 NW 62 PLACE
MIAMI, FL 33015 US

Mailing Address

19720 NW 62 PLACE
MIAMI, FL 33015 US



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0856103

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SENMARTIN, GUILLERMO A
19720 NW 62 PLACE
MIAMI, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

00000038664
04/21/08-00008-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	NAME
PD	SENMARTIN, GUILLERMO A
STREET ADDRESS	19720 NW 62 PLACE
CITY-ST-ZIP	MIAMI, FL 33015

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 my address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08

Date

305-624-3837

Daytime Phone #