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Secretary of State

04-16-2003 90145 018 ***150.00

2003 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000038664

1. Entity Name
ALPHA INSTITUTE FOR HYPNOSIS AND REIKI, INC.

DO NOT WRITE IN THIS SPACE

60018633

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19720 NW 62 PL.	19720 NW 62 PL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL.	City & State: Miami, FL.
Zip: 33105 Country: U.S.A	Zip: 33015 Country: U.S.A

4. FEI Number: 47-0856103 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name: GUILLERMO A. SENMARTIN

Street Address (P.O. Box Number is Not Acceptable): 19720 NW 62 PL.

City: MIAMI, FL Zip Code: 33015

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] GUILLERMO A. SENMARTIN 4/4/03

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	SENMARTIN, GUILLERMO A.
STREET ADDRESS	19720 NW 62 PL.
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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] GUILLERMO A. SENMARTIN 4/4/03 (305) 624-3837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #