



FILED
May 06, 2004 8:00 am
Secretary of State

04-19-2004 90294 045 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000011592					
1. Entity Name PSYCHOTHERAPEUTIC HEALING ARTS, CORP.					
Principal Place of Business 9806 COSTA DEL SOL BLVD MIAMI, FL 33178			Mailing Address 9806 COSTA DEL SOL BLVD MIAMI, FL 33178		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 02-0682325			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required <input type="checkbox"/>		
6. Name and Address of Current Registered Agent PENA, FRANCISCO 9806 COSTA DEL SOL BLVD MIAMI, FL 33178			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PENA, FRANCISCO	NAME			
STREET ADDRESS	9806 COSTA DEL SOL BLVD	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BETANCUR, OLGA A	NAME			
STREET ADDRESS	9806 COSTA DEL SOL BLVD	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33178	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		4-1504		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Date		Daytime Phone # 6307 463-1877	