

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011592

**FILED**  
**Apr 19, 2005**  
**Secretary of State**

**Entity Name:** PSYCHOTHERAPEUTIC HEALING ARTS, CORP.

**Current Principal Place of Business:**

9806 COSTA DEL SOL BLVD  
MIAMI, FL 33178

**New Principal Place of Business:**

10305 NW 41 STREET  
#205  
DORAL, FL 33178

**Current Mailing Address:**

9806 COSTA DEL SOL BLVD  
MIAMI, FL 33178

**New Mailing Address:**

11260 NW 58 TERRACE  
DORAL, FL 33178

FEI Number: 02-0682325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PENA, FRANCISCO  
9806 COSTA DEL SOL BLVD  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

PENA, FRANCISCO  
11260 NW 58 TERRACE  
DORAL, FL 33178 US

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

04/19/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PENA, FRANCISCO  
Address: 9806 COSTA DEL SOL BLVD  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: BETANCUR, OLGA A  
Address: 9806 COSTA DEL SOL BLVD  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PENA, FRANCISCO  
Address: 11260 NW 58 TERRACE  
City-St-Zip: DORAL, FL 33178

Title: D (X) Change ( ) Addition  
Name: BETANCUR, OLGA A  
Address: 11260 NW 58 TERRACE  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANCISCO PENA

Electronic Signature of Signing Officer or Director

D

04/19/2005

Date