## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000025342

**Entity Name: HEALING ZONE INC.** 

FILED Apr 14, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

19 W. FLAGLER ST., SUITE 420 16000 SW 77 AVE

MIAMI, FL PALMETTO BAY, FL 33157

**Current Mailing Address: New Mailing Address:** 

19 W. FLAGLER ST., SUITE 420 19 W. FLAGLER ST., SUITE 420

MIAMI, FL MIAMI, FL 33130

**FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

SPIEGELMAN, MAX ESQ. SPIEGELMAN, MAX ESQ 16000 S.W. 77TH AVE. 19 W. FLAGLER ST, SUITE 420 PALMETTO BAY, FL 33157 MIAMI, FL 33130 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: MAX SPIEGELMAN 04/14/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Address:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete () Change () Addition Name:

BRITO, LUCY Name: 16000 S.W. 77TH AVE. Address: City-St-Zip: PALMETTO BAY, FL 33157 City-St-Zip:

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 Statutés. 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: LUCY BRITO 04/14/2004 D