

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000058158

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** INTERNATIONAL INSTITUTE FOR THERAPEUTIC HEALING, INC.

**Current Principal Place of Business:**

330 SW 51 CT.  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

620 SO. SHETLAND ST.  
CLEWISTON, FL 33440

**Current Mailing Address:**

330 SW 51 CT.  
CORAL GABLES, FL 33134

**New Mailing Address:**

620 SO. SHETLAND ST.  
CLEWISTON, FL 33440

**FEI Number:** 13-4253197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOPEZ, GELIANI R  
330 SW 51 CT.  
CORAL GABLES, FL 33134 US

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

LOPEZ, GELIANI R  
620 SO. SHETLAND ST.  
CLEWISTON, FL 33440 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:

03/10/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LOPEZ, GELIANI R  
Address: 620 SO. SHETLAND ST.  
City-St-Zip: CLEWISTON, FL 33440

Title: DIR  
Name: FERNANDEZ, JOSEPH D  
Address: 620 SO. SHETLAND ST.  
City-St-Zip: CLEWISTON, FL 33440

Title: TRES  
Name: FUENTES, JOSE A  
Address: 620 SO. SHETLAND ST.  
City-St-Zip: CLEWISTON, FL 33440

I hereby 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 all other like empowered.

SIGNATURE: GELIANI R. LOPEZ

PD

03/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date