

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90025 003 ***150.00

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07272005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000071064 1. Entity Name HOLISTIC ALTERNATIVES HEALTH ASSOCIATES, INC.					
Principal Place of Business 8518 SW 8TH ST MIAMI, FL 33144			Mailing Address 8518 SW 8TH ST MIAMI, FL 33144		
2. Principal Place of Business <i>8516 SW 8 ST</i> Suite, Apt. #, etc.		3. Mailing Address <i>8516 SW 8 ST</i> Suite, Apt. #, etc.			
City & State <i>MIAMI FL</i>		City & State <i>MIAMI FL</i>		4. FEI Number 20-0066623	
Zip <i>33144</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVERO, MADELEINE L 420 SW 88TH CT MIAMI, FL 33174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not acceptable) <i>8516 SW 8 ST</i> City <i>MIAMI</i> FL Zip Code <i>33144</i>	
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>July 27, '05</i>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SILVERO, MADELEINE L 420 SW 88TH CT MIAMI, FL 33174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>8516 SW 8 ST</i> <i>MIAMI FL 33144</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>DVP</i> <i>ZABALA, ARMANDO</i> <i>8516 SW 8 ST</i> <i>MIAMI FL 33144</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, without other like empowered.					
SIGNATURE: <i>[Signature]</i> DATE: <i>July 27, '05</i> 586 4136657					