

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086345

FILED
Jan 04, 2008
Secretary of State

Entity Name: HEALING TOUCH C & C, INC

Current Principal Place of Business:

4385 WEST 16TH AVE
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

4385 WEST 16TH AVE
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 90-0107478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERMUDEZ, CARLOS I
17350 NW 67 AVENUE
APT 406
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BERMUDEZ, CARLOS I
Address: 17350 NW 67 AVENUE #406
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: VD () Delete
Name: DOMINGUEZ, LEBNYZ
Address: 17350 NW 67 AVE. #306
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: C () Delete
Name: DOMINGUEZ, CHRISTIAN S
Address: 17350 NW 67 AVE #306
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERMUDEZ, CARLOS I
Address: 17350 NW 67 AVENUE #406
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: VP (X) Change () Addition
Name: DOMINGUEZ, LEIBNYZ
Address: 17350 NW 67 AVE. #306
City-St-Zip: MIAMI LAKES, FL 33015 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CARLOS I BERMUDEZ

P

01/04/2008

Electronic Signature of Signing Officer or Director

Date