

2004 FOR PROFIT CORPORATION ANNUAL REPORT

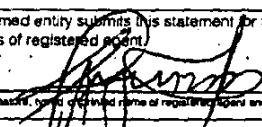
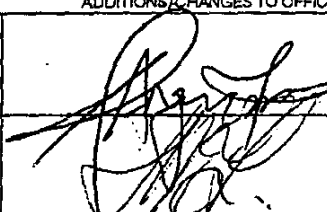
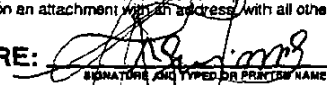
FILED
Apr 28, 2004 8:00 am
Secretary of State

04-15-2004 90018 036 ***150.00

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03082004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000119379			
1. Entity Name THE HUMAN BALANCE CENTER, INC.			
Principal Place of Business 12920 US 1 SUITE C SEBASTIAN, FL 32958		Mailing Address 12920 US 1 SUITE C SEBASTIAN, FL 32958	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0297204		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPES, ARQUIMEDES 12920 US 1 SUITE C SEBASTIAN, FL 32958		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 3/15/04 Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering)			
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPES, ARQUIMEDES 12920 US1 SUITE C SEBASTIAN, FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPES, MARIA E 12920 US1 SUITE C SEBASTIAN, FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 which address with all other like empowered.			
SIGNATURE:  = ARQUIMEDES LOPES		Date 4/26/04 772-581-8328	