

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044579

FILED
Mar 29, 2005
Secretary of State

Entity Name: THE PHOENIX CENTER FOR HEALING, P.A.

Current Principal Place of Business:

15253 SW 111TH STREET
MIAMI, FL 33196

New Principal Place of Business:

11060 SW 88 STREET
SUITE 7
MIAMI, FL 33176

Current Mailing Address:

15253 SW 111TH STREET
MIAMI, FL 33196

New Mailing Address:

8573 SW 115 COURT
MIAMI, FL 33173

FEI Number: 02-0718389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAFNER, BOB
8573 SW 115TH COURT
MIAMI, FL 33173 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: REYES, AIDA E
Address: 15253 SW 111TH STREET
City-St-Zip: MIAMI, FL 33196

Title: VD () Delete
Name: HAFNER, BOB
Address: 8573 SW 115TH COURT
City-St-Zip: MIAMI, FL 33173

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REYES, AIDA E
Address: 8573 SW 115 COURT
City-St-Zip: MIAMI, FL 33173

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

Title: TREA () Change (X) Addition
Name: REYES, AIDA
Address: 8573 SW 115 COURT
City-St-Zip: MIAMI, FL 33173

Title: SECR () Change (X) Addition
Name: HAFNER, BOB
Address: 8573 SW 115 COURT
City-St-Zip: MIAMI, FL 33173

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 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: BOB HAFNER

RA

03/29/2005

Electronic Signature of Signing Officer or Director

_____ Date