

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90004 013 \*\*\*150.00

<b>DOCUMENT # P04000049205</b> 1. Entity Name <b>CITA - CENTRO INTERNACIONAL DE TERAPIAS ALTERNATIVAS INC.</b>					
Principal Place of Business <b>8919 OLD PINE ROAD BOCA RATON, FL 33433 US</b>			Mailing Address <b>8919 OLD PINE ROAD BOCA RATON, FL 33433 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GIANI, DANIEL A MR 8919 OLD PINE ROAD BOCA RATON, FL 33433</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <span style="float: right; margin-right: 50px;"><b>8/8/05</b></span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.183(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	P <b>GIANI, DANIEL A MR</b> <b>8919 OLD PINE ROAD</b> <b>BOCA RATON, FL 33433</b> <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	VP <b>GIANI, TERESINHA H MRS</b> <b>8919 OLD PINE ROAD</b> <b>BOCA RATON, FL 33433</b> <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, with all other like empowered.					
SIGNATURE: <b>DANIEL A. GIANI</b> <span style="float: right; margin-right: 50px;"><b>8/8/05</b></span> <span style="float: right;"><b>561 451 2631</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66041100



08062005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0922908** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required



ATTACHMENT

66027198

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 12, 2005

CITA - CENTRO INTERNACIONAL DE TERAPIAS ALTERNATIVAS IN  
8919 OLD PINE ROAD  
BOCA RATON, FL 33433 US

Subject: CITA - CENTRO INTERNACIONAL DE TERAPIAS ALTERNATIVAS

Reference Number: P04000049205

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

→ Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

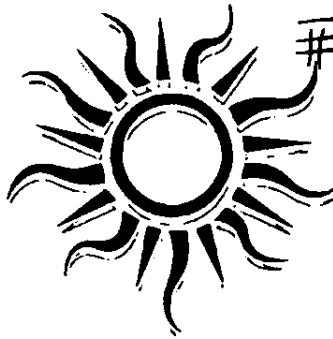
If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

SORRY!  
FED ID  
20-0922908

ATTACHMENT



66027198  
# P04 000049205

August 6, 2005

Dear Sirs at the Division of Corporations:

Attached is the annual report and payment for Cita.  
Please be informed that I did not receive any other notice prior to the intent  
to dissolve.

Sincerely,

A handwritten signature in cursive script, appearing to read "Daniel Giani".

Daniel Giani  
8919 Old Pine Road  
Boca Raton, Fl 33433  
Tel: 754 422 5047