2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000109965

Entity Name: HOLISTIC HEALING & HIPNOTHERAPY CENTER, CORP.

Current Principal Place of Business:

9633 SW 159TH AVE.
MIAMI, FL 33196

New Principal Place of Business:

9568 SW 41ST STREET
MIAMI, FL 33178

Current Mailing Address:

9633 SW 159TH AVE.
MIAMI, FL 33196

New Mailing Address:

9568 SW 41ST STREET
MIAMI, FL 33178

FEI Number: 20-1424102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REMOND, MONICA
9633 SW 159TH AVE.
MIAMI, FL 33196 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: REMOND, MONICA
Address: 9633 SW 159TH AVE.
City-St-Zip: MIAMI, FL 33196

Title: VD ( ) Delete
Name: CABEZAS, ISRAEL R
Address: 9633 SW 159TH AVE.
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: CABEZAS, ISRAEL R
Address: 4235 NW 98 AVENUE
City-St-Zip: MIAMI, FL 33165

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: MONICA REMOND PD 04/29/2005

Electronic Signature of Signing Officer or Director — Date