

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000039544

FILED
May 04, 2011
Secretary of State

Entity Name: BAI HUI ACUPUNCTURE & HEALING, INC

Current Principal Place of Business:

806 SOUTH EAST 7TH STREET
406 C
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

2206 S CYPRESS BEND DRIVE
406
POMPANO BEACH, FL 33069 US

Current Mailing Address:

806 SOUTH EAST 7TH STREET
406 C
DEERFIELD BEACH, FL 33441 US

New Mailing Address:

2206 S CYPRESS BEND DRIVE
406
POMPANO BEACH, FL 33069 US

FEI Number: 35-2254636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAROTHERS, SCOTT
10275 W SAMPLE ROAD
CORAL SPRINGS, FL 33065 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

OFFICERS AND DIRECTORS:

Title: P
Name: MONTERROSA, PAIGE D MRS
Address: 2206 S CYPRESS BEND DRIVE
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: TREA
Name: MONTERROSA, PAIGE D MRS
Address: 2206 S CYPRESS BEND DRIVE
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: SEC
Name: MONTERROSA, PAIGE D MRS
Address: 2206 S CYPRESS BEND DRIVE, # 406
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: DIR
Name: MONTERROSA, PAIGE D MRS
Address: 2206 S CYPRESS BEND DRIVE, # 406
City-St-Zip: POMPANO BEACH, FL 33069 US

I hereby 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 all other like empowered.

SIGNATURE: PAIGE D MONTERROSA

PRES

05/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date