

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012949

Entity Name: HOLISTIC CARE INC.

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

901 NE 90 STREET
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

901 NE 90 STREET
MIAMI, FL 33138

New Mailing Address:

FEI Number: 20-5375315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, OSMANY
901 NE 90 STREET
MIAMI, FL 33138 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: P () Delete
Name: ACOSTA, OSMANY
Address: 901 NE 90 STREET
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: OSMANY ACOSTA

P

04/12/2007

Electronic Signature of Signing Officer or Director

Date