2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120002

MIAMI, FL 33186

City-St-Zip:

Entity Name: MAYE HOLISTIC MED, INC..

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10844 SW 132 CIRCLE CT MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 10844 SW 132 CIRCLE CT MIAMI, FL 33186 FEI Number: 37-1528925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REKANT, KENNETH 333 41ST STREET - SUITE 506 MIAMI, FL 33140 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MAYE, FRANK Name: Name: 10844 SW 132 CIRCLE CT Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MAYE. LAURA J Name: 10844 SW 132 CIRCLE CT Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LAURA MAYE V 01/16/2009