2008 FOR PROFIT CORPORATION ANNUAL REPORT

8/7/2008-90062-020-$150.00-$150.00

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2008 OCT -3 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P3 8D

DOCUMENT # P07000026153

1. Entity Name
PROFESSIONAL HEALTH INSTITUTE, INC.

Principal Place of Business	Mailing Address
165 SW 130 AVENUE MIAMI, FL 33184	165 SW 130 AVENUE MIAMI, FL 33184
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08022008 Chg-P CR2E034 (12/06)

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~PENA, JOSE M~~ 165 SW 130 AVENUE MIAMI, FL 33184	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(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 PENA, JOSE M 165 SW 130 AVENUE MIAMI, FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/D Jose M Pena 165 SW 130 Ave MIAMI FL 33184	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V~~ ~~TRIANA, CARIDAD~~ ~~9351 FONTAINBLEAU BLVD. B-425~~ ~~MIAMI, FL 33172~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ✓ [signature] 8-2-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #