



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90048 047 \*\*\*150.00

<b>DOCUMENT # P07000105878</b> 1. Entity Name <b>HOLISTIC MEDICAL SERVICES, INC.</b>																																									
Principal Place of Business <b>5605 W. 12TH CT. HIALEAH, FL 33012</b>			Mailing Address <b>5605 W. 12TH CT. HIALEAH, FL 33012</b>																																						
2. Principal Place of Business - No P.O. Box # <b>7010 Loch Isle Dr N.</b>		3. Mailing Address <b>7010 Loch Isle Dr N.</b>																																							
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03202008    Chg-P    CR2E034 (12/06)																																					
City & State <b>Miami Lakes FL</b>		City & State <b>Miami Lakes FL</b>		4. FEI Number <b>26-1140424</b>																																					
Zip <b>33014</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable																																					
Zip <b>33014</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																					
6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; height: 100px; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border: 2px solid black; transform: rotate(45deg); transform-origin: center;"></div> <div style="position: absolute; top: 5px; left: 5px;"> <b>HERRERA, MILENE</b>  <b>5605 W. 12TH CT.</b>  <b>HIALEAH, FL 33012</b> </div> </div>				7. Name and Address of New Registered Agent Name <b>Milene Herrera</b> Street Address (P.O. Box Number is Not Acceptable) <b>7010 Loch Isle Dr. N.</b> City <b>Miami Lakes</b> <b>FL</b> Zip Code <b>33014</b>																																					
8. The above named <del>agent</del> 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 * <i>Milene Herrera</i> <b>3/20/08</b> <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PSD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HERRERA, MILENE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5605 W. 12TH CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH, FL 33012</td> <td></td> </tr> </table>			TITLE	PSD	<input type="checkbox"/> Delete	NAME	HERRERA, MILENE		STREET ADDRESS	5605 W. 12TH CT.		CITY-ST-ZIP	HIALEAH, FL 33012		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Milene Herrera</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7010 Loch Isle Dr. N.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami Lakes, FL 33014</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NPS</td> <td style="text-align: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Frank Hernandez</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7010 Loch Isle Dr. N.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami Lakes, FL 33014</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Milene Herrera		STREET ADDRESS	7010 Loch Isle Dr. N.		CITY-ST-ZIP	Miami Lakes, FL 33014		TITLE	NPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Frank Hernandez		STREET ADDRESS	7010 Loch Isle Dr. N.		CITY-ST-ZIP	Miami Lakes, FL 33014	
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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 * <i>Milene Herrera</i> <b>3/20/08</b> <b>(305) 200-5430</b> <small>Signature and typed or printed name of signing officer or director    Date    Daytime Phone #</small>																																									