2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2009
Secretary of State

DOCUMENT# P07000105878

Entity Name: HOLISTIC MEDICAL SERVICES & EQUIPMENT INC.

Current Principal Place of Business:

7010 LOCH ISLE DR N.
MIAMI LAKES, FL 33014

New Principal Place of Business:

375 NE 72 TERRACE SUITE C
MIAMI, FL 33138

Current Mailing Address:

7010 LOCH ISLE DR N.
MIAMI LAKES, FL 33014

New Mailing Address:

375 NE 72 TERRACE SUITE C
MIAMI, FL 33138

FEI Number: 26-1140424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERRERA, MILENE
7010 LOCH ISLE DR. N.
MIAMI, FL 33014 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVSD ( ) Delete
Name: HERRERA, MILENE
Address: 7010 LOCH ISLE DR. N
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HERRERA, MILENE
Address: 7010 LOCH ISLE DR. N
City-St-Zip: MIAMI LAKES, FL 33014

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: MILENE HERRERA PRES 07/14/2009

Electronic Signature of Signing Officer or Director Date