

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000127382

Entity Name: ALTERNATIVE THERAPY INC

FILED  
Mar 08, 2008  
Secretary of State

**Current Principal Place of Business:**

4341 SW 129TH PLACE  
MIAMI, FL 33175

**New Principal Place of Business:**

8150 SW 8TH STREET  
STE 104  
MIAMI, FL 33144 US

**Current Mailing Address:**

P.O. BOX 832322  
MIAMI, FL 33283

**New Mailing Address:**

4341 SW 129TH PLACE  
MIAMI, FL 33175 US

FEI Number: 26-1484203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GARCIA, MIRNA  
4341 SW 129TH PLACE  
MIAMI, FL 33175 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: PSTD ( ) Delete  
Name: GARCIA, MIRNA  
Address: 4341 SW 129TH PLACE  
City-St-Zip: MIAMI, FL 33175

**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 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: MIRNA GARCIA

PRES

03/08/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date