

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000047864

FILED
Jan 22, 2009
Secretary of State

Entity Name: LEY ACUPUNCTURE-ACUPRESSURE CLINIC, INC.

Current Principal Place of Business:

8382 SW 40 STREET
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

8382 SW 40 STREET
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0592582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEY, LUIS F
4319 SW 97TH AVE
MIAMI, FL 33165 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: DPT () Delete
Name: LEY, LUIS F
Address: 4319 SW 97TH AVE
City-St-Zip: MIAMI, FL 33165

Title: DVS () Delete
Name: LEY, AMNERY
Address: 4319 SW 97TH AVE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LUIS F. LEY

OFF

01/22/2009

Electronic Signature of Signing Officer or Director

Date