

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088938

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** ORIENTAL HOLISTIC OPTIONS, INC.

**Current Principal Place of Business:**

501 NORTH ORLANDO AVENUE  
SUITE 313-377  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

501 NORTH ORLANDO AVENUE  
SUITE 313-377  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 59-3471955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POLITE, KAMAL  
6215 WILLOW OAK LANE  
ORLANDO, FL 32809 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: POLITE, KAMAL  
Address: 501 NORTH ORLANDO AVENUE, STE 313-377  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: KAMAL POLITE

PRES

02/14/2011

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

\_\_\_\_\_ Date