

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029357

FILED
Apr 20, 2004
Secretary of State

Entity Name: INTEGRAL HEALTH ED CONSULTANTS, INC.

Current Principal Place of Business:

8585 SW 72ND STREET
EAST ATRIUM #90
MIAMI, FL 33143

New Principal Place of Business:

7396 SW 117 AVE
MIAMI, FL 33183

Current Mailing Address:

8585 SW 72ND STREET
EAST ATRIUM #90
MIAMI, FL 33143

New Mailing Address:

7396 SW 117 AVE
MIAMI, FL 33183

FEI Number: 65-0824456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PTD () Delete
Name: SANDERS, M. ILIANA
Address: 8585 SW 72 STREET # 90
City-St-Zip: MIAMI, FL 33143

Title: VSD () Delete
Name: ALVAREZ, ISABEL C
Address: 8585 SW 72 STREET # 90
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SANDERS, M. ILIANA
Address: 7396 SW 117 AVE
City-St-Zip: MIAMI, FL 33183

Title: VSD (X) Change () Addition
Name: ALVAREZ, ISABEL C
Address: 7396 SW 117 AVE
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: M. ILIANA SANDERS

PTD

04/20/2004

Electronic Signature of Signing Officer or Director

Date