2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003
Secretary of State

DOCUMENT# P99000016445

Entity Name: CENTRO INTEGRAL DE HIPNOTERAPIA, CORP.

Current Principal Place of Business:

1291 S.W. 124TH COURT
UNIT A
MIAMI, FL 33184

New Principal Place of Business:

Current Mailing Address:

1291 S.W. 124TH COURT
UNIT A
MIAMI, FL 33184

New Mailing Address:

FEI Number: 65-0921638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, FABIOLA D
1291 S.W. 124TH COURT
UNIT A
MIAMI, FL 33184 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: PD ( ) Delete
Name: GOMEZ, FABIOLA D
Address: 1291 S.W. 124TH COURT
City-St-Zip: MIAMI, FL 33184

Title: VD ( ) Delete
Name: CHIA, MABEL
Address: 17220 S.W. 87TH AVE.
City-St-Zip: MIAMI, FL 33157

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: GOMEZ, FABIOLA D
Address: 1291 S.W. 124TH COURT #A
City-St-Zip: MIAMI, FL 33184

Title: PD (X) Change ( ) Addition
Name: GOMEZ, MARCO A
Address: 1291 S.W. 124TH COURT #A
City-St-Zip: MIAMI, FL 33184

Title: VD ( ) Change (X) Addition
Name: GOMEZ, KARLA F
Address: 1291 S.W. 124TH COURT #A
City-St-Zip: MIAMI, FL 33184

Title: D ( ) Change (X) Addition
Name: CARLO, JULIA
Address: 3069 NW 11 STREET
City-St-Zip: MIAMI, FL 33125

Title: MD ( ) Change (X) Addition
Name: GOMEZ, PAOLA A
Address: 1291 S.W. 124TH COURT #A
City-St-Zip: MAIMI, FL 33184

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: FABIOLA DUARTE GOMEZ STD 03/26/2003

Electronic Signature of Signing Officer or Director — Date