


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000039079 1. Entity Name JOHN GIORDANO'S HOLISTIC ADDICTION TREATMENT PROGRAM, INC.	
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Principal Place of Business 16170 N.E. 11TH COURT NORTH MIAMI, FL 33162	Mailing Address 16170 N.E. 11TH COURT NORTH MIAMI, FL 33162
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DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)
4. FEI Number **65-0940060** { Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**THE LAW OFFICES OF CRAIG M. DORNE, P.A.
407 LINCOLN RD PENTHOUSE S.E.
MIAMI BEACH, FL 33137**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIORDANO, JOHN 16170 N.E. 11TH COURT NORTH MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDFARB, GERALD 16170 N.E. 11TH COURT NORTH MIAMI, FL 33162
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04/27/06-80082-016 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE:  **Mar 31 2006** **205-945-8384**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #