

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000106147

**Entity Name:** HOLISTIC HEALTH HEALING, INC.

**Current Principal Place of Business:**

11238 TAMIAMI TRAIL EAST  
NAPLES, FL 34113

**Current Mailing Address:**

11238 TAMIAMI TRAIL EAST  
NAPLES, FL 34113 US

**FEI Number: 65-1056352**

**Certificate of Status Desired: No**

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

CONTI, ROBERTO  
11238 TAMIAMI TRAIL E.  
NAPLES, FL 34113 US

*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

**Officer/Director Detail :**

Title DP  
Name CONTI, ROBERTO  
Address 11238 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

Title DV  
Name DAIDONE, GERARDA G  
Address 11238 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

Title SECRETARY  
Name CONTI, ULIA  
Address 11238 TAMIAMI TRAIL E  
City-State-Zip: NAPLES FL 34113

*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: CONTI ROBERTO**

**PRESIDENT**

**07/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date