


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90316 028 \*\*\*150.00

<b>DOCUMENT # P00000015461</b>	
1. Entity Name VIRGINIA MASSAGE THERAPY, INC.	

Principal Place of Business 770 SOUTH DIXIE HIGHWAY SUITE 200 CORAL GABLES, FL 33146	Mailing Address 770 SOUTH DIXIE HIGHWAY SUITE 200 CORAL GABLES, FL 33146
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**50037223**



03092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0990070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RODRIGUEZ, GLADYS 770 SOUTH DIXIE HIGHWAY SUITE 200 CORAL GABLES, FL 33146	
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**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.

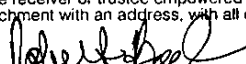
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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	PD FLUXMAN, LEONARD 770 S DIXIE HWY STE 200 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUSFIELD, GLENN 770 S DIXIE HWY STE 200 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BOEHM, ROBERT 770 S. DIXIE HWY., STE 200 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZARUS, STEPHEN 770 S. DIXIE HWY., STE 200 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAZAR, ROBERT 770 S. DIXIE HWY., STE 200 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WADE, MELISSA 2001 W. SAMPLE RD., STE. 318 POMPANO BEACH, FL 33064

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Robert C. Boehm, V.S.	Date 3/21/05	Daytime Phone # 305.358.9002 Ext. 288
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