

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028387

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** MARK EDWARDS PORTER MASSAGE, INC.

**Current Principal Place of Business:**

7210 RED ROAD, SUITE 202A  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7210 RED ROAD, SUITE 202A  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 65-0737441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PORTER, MARK EDWARDS  
7210 RED ROAD, SUITE 202A  
SOUTH MIAMI, FL 33143 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: PORTER, MARK EDWARDS  
Address: 7210 RED ROAD, SUITE 202A  
City-St-Zip: SOUTH MIAMI, FL 33143

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: MARK EDWARDS PORTER

PSTD

04/17/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date