

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000120388

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: CYPRESS THERAPY CENTER, INC.

## Current Principal Place of Business:

150 SOUTHEAST ROADWAY  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

## Current Mailing Address:

1688 E 16 STREET  
2 FL SUITE 5  
BROOKLYN, NY 11229

## New Mailing Address:

FEI Number: 20-0340209      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FILENGER, FELIX  
21205 YACHT CLUB DRIVE, #1502  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

FILENGER, FELIX  
21142 NE 31 PLACE  
AVENTURA, FL 33180 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: FELIX FILENGER

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FILENGER, ADA  
Address: 2475 WEST 16 STREET, APT 15H  
City-St-Zip: BROOKLYN, NY 11214

Title: V ( ) Delete  
Name: FINBERG, MARGARITA  
Address: 10 EMMONS COURT  
City-St-Zip: MARLBORO, NJ 07746

Title: S ( ) Delete  
Name: VILENSKAYA, YEVGENIYA  
Address: 201 BRIGHTON 1ST ROAD, APT 4I  
City-St-Zip: BROOKLYN, NY 11235

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: VILENSKIY, GENNADIY  
Address: 150 CORBIN PLACE  
City-St-Zip: BROOKLYN, NY 11235

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: ADA FILENGER

P

04/20/2005

Electronic Signature of Signing Officer or Director

Date