

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000034067

Entity Name: ACHEGWIN THERAPY SERVICES, INC.

Current Principal Place of Business:

7355 NW 173 DR, APT 101
HIALEAH, FL 33015

Current Mailing Address:

7355 NW 173 DR, APT 101
HIALEAH, FL 33015

FEI Number: 45-5007840

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALAZAR, ALEXANDRA
7355 NW 173 DR, APT 101
HIALEAH, FL 33015 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 SALAZAR, ALEXANDRA
Address 7355 NW 173 DR, APT 101
City-State-Zip: HIALEAH FL 33015

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: ALEXANDRA SALAZAR

PRESIDENT

04/30/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date