

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000019775

**Entity Name:** ALL INCLUSIVE THERAPY, INC.

**Current Principal Place of Business:**

550 NW 210TH ST  
UNIT 102  
MIAMI , FL 33169

**Current Mailing Address:**

550 NW 210TH ST  
UNIT 102  
MIAMI, FL 33169 US

**FEI Number:** 83-3989295

**Certificate of Status Desired:** Yes

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

CHANDLER FINANCIAL INC  
7951 RIVIERA BLVD  
STE 309  
MIRAMAR, FL 33023 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            PRESIDENT  
Name            REVOLUS, DOMINIQUE  
Address        550 NW 210TH ST  
                  UNIT 102  
City-State-Zip: MIAMI FL 33169

*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:** DOMINIQUE REVOLUS

P

06/30/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date