

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K09181

FILED
Jan 30, 2004
Secretary of State

Entity Name: MIAMI FLUENCY CLINIC, INC.

Current Principal Place of Business:

11240 N. KENDALL DRIVE
SUITE 204
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11240 N. KENDALL DRIVE
SUITE 204
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0182751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORANTE, THOMAS F.
601 BRICKELL KEY DRIVE
SUITE 500
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SPLITTER, MARIANNE
Address: 3120 PADDOCK ROAD
City-St-Zip: FT. LAUDERDALE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARIANNE SPLITTER

MS

01/30/2004

Electronic Signature of Signing Officer or Director

Date