

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005194

FILED
Apr 21, 2011
Secretary of State

Entity Name: CREATIVE CHILDREN THERAPY, INC.

Current Principal Place of Business:

12360 SW 132ND CT
SUITE 215
MIAMI, FL 33186

New Principal Place of Business:

5600 SW 135TH AVE
SUITE 207
MIAMI, FL 33183

Current Mailing Address:

12360 SW 132ND CT
SUITE 215
MIAMI, FL 33186

New Mailing Address:

5600 SW 135TH AVE
SUITE 207
MIAMI, FL 33183

FEI Number: 54-2116901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORFILA, MARIA R
12360 SW 132ND CT
SUITE 215
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

ORFILA, MARIA R
5600 SW 135TH AVENUE
SUITE 207
MIAMI, FL 33183 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:

04/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP
Name: ORFILA, MARIA R
Address: 5600 SW 135TH AVE #207
City-St-Zip: MIAMI, FL 33183

Title: S
Name: ORFILA, MARIA R
Address: 5600 SW 135TH AVE SUITE 207
City-St-Zip: MIAMI, FL 33183

Title: DP
Name: MENENDEZ, LISSETTE
Address: 5600 SW 135TH AVE 207
City-St-Zip: MIAMI, FL 33183

Title: D
Name: VILLASANTE, ROBERTO
Address: 5600 SW 135TH AVE # 207
City-St-Zip: MIAMI, FL 33183

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISSETTE MENENDEZ

DP

04/21/2011

Electronic Signature of Signing Officer or Director

Date