


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

|                                                       |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> P00000020564                        |  |
| 1. Entity Name<br>ANGELIC TOUCH MASSAGE THERAPY, INC. |                                                                                   |

|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br>6179 MIAMI LAKES DRIVE<br>MIAMI LAKES, FL 33014 | Mailing Address<br>6179 MIAMI LAKES DRIVE<br>MIAMI LAKES, FL 33014 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|

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03182004 No Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0985062 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>RODRIGUEZ, DARILYS<br>6179 MIAMI LAKES DR<br>HIALEAH, FL 33014 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Darilys Rodriguez* DATE: 04/1/04  
(Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating))

|                                                                                     |                                                                                                                        |                                            |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | U000000158971<br>05/10/04-80010-014 150.00 |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                             |
|------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TS<br>RODRIGUEZ, DARILYS<br>6179 MIAMI LAKES DRIVE<br>MIAMI LAKES, FL 33014 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Darilys Rodriguez* DATE: 04/1/04 305-558-5666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR