

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000074270

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** SOUTH FLORIDA MASSAGE THERAPY, INC.

**Current Principal Place of Business:**

7387 SW 103 LANE  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

7387 SW 103 LANE  
OCALA, FL 34476

**New Mailing Address:**

**FEI Number:** 65-1030615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALENTI, TONI  
7927 EAST DR. #264  
MIAMI, FL 33141 US

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

VALENTI, TONI  
7387 SW 130 LN  
OCALA, FL 34476 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: TONI VALENTI

04/29/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VALENTI, TONI  
Address: 7387 SW 103 LANE  
City-St-Zip: OCALA, FL 34476

**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: TONI VALENTI/DIRECTOR

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date