

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104845

FILED
Jul 01, 2004
Secretary of State

Entity Name: ASSOCIATES THERAPIST GROUP INC.

Current Principal Place of Business:

1317 SW 140 PL
MIAMI, FL 33184

New Principal Place of Business:

8760A SW 8 ST
MIAMI, FL 33174

Current Mailing Address:

8760 S.W. 8 ST.
STE. 14
MIAMI, FL 33174

New Mailing Address:

8760A S.W. 8 ST.
MIAMI, FL 33174

FEI Number: 65-1053278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONDEJO, MARGARITA
8760 S.W. 8TH ST.
STE. 14
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

MONDEJO, MARGARITA
8760A S.W. 8TH ST.
MIAMI, FL 33174 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: MARGARITA MONDEJO

07/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MONDEJO, MARGARITA
Address: 8760 S.W. 8 ST., STE. 14
City-St-Zip: MIAMI, FL 33174

Title: PD () Delete
Name: MONDEJO, MARGARITA
Address: 1317 SW 140TH PLACE
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MONDEJO, MARGARITA
Address: 8760A S.W. 8 ST
City-St-Zip: MIAMI, FL 33174

Title: PD (X) Change () Addition
Name: MONDEJO, MARGARITA
Address: 8760A SW 8ST
City-St-Zip: MIAMI, FL 33174

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: MARGARITA MONDEJO

PD

07/01/2004

Electronic Signature of Signing Officer or Director

Date