

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2005 8:00 am<sub>x1</sub>**  
**Secretary of State**

05-05-2005 90083 001 \*\*\*150.00

<b>DOCUMENT #</b>	P01000094516
<b>1. Entity Name</b>	
AA PROFESSIONAL THERAPISTS INC	

90006000

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
4077 SW 11 STREET		4077 SW 11 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
MIAMI, FL		MIAMI, FL	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
33134		33134	

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<b>Applied For</b>	
65-1144528		<input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	

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<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b>	
ABUD, AIDA	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
4077 SW 11 STREET	
<b>City</b>	<b>Zip Code</b>
MIAMI	FL 33134

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** Aida Abud AIDA SAID ABUD 4/30/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b>	<b>PDS</b>	<b>TITLE</b>	
<b>NAME</b>	ABUD, AIDA	<b>NAME</b>	
<b>STREET ADDRESS</b>	4077 SW 11 STREET	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	MIAMI, FL 33134	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Aida Abud AIDA ABUD, PRES. 4/30/2005 305-279-0102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #