

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000094516

FILED
May 26, 2005
Secretary of State**Entity Name:** AA PROFESSIONAL THERAPIST, INC.**Current Principal Place of Business:**4077 SW 11 STREET
MIAMI, FL 33144**New Principal Place of Business:**7965 W. 30 COURT
#102
HIALEAH, FL 33016**Current Mailing Address:**4077 SW 11 STREET
MIAMI, FL 33144**New Mailing Address:**7965 W. 30 COURT
#102
HIALEAH, FL 33016**FEI Number:** 65-1144528**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ABUD, AIDA
4077 SW 11 STREET
MIAMI, FL 33144 US**Name and Address of New Registered Agent:**GARCIA, MIGUEL
7965 W. 30 COURT
#102
HIALEAH, FL 33016 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: MIGUEL GARCIA

05/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PDS () Delete
Name: ABUD, AIDA
Address: 4077 SW 11ST
City-St-Zip: MIAMI, FL 33144**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DPST (X) Change () Addition
Name: GARCIA, MIGUEL
Address: 7965 W. 30 COURT, #102
City-St-Zip: HIALEAH, FL 33016

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: MIGUEL GARCIA

DPST

05/26/2005

Electronic Signature of Signing Officer or Director

Date