

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000108724

1. Entity Name
MICHAEL THERAPY, INC.



Principal Place of Business

**5858 W. FLAGLER ST.
MIAMI, FL 33144**

Mailing Address

**5858 W. FLAGLER ST.
MIAMI, FL 33144**

DO NOT WRITE IN THIS SPACE



05162006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-1152400** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HERRERA, NOELIO
5858 W. FLAGLER ST.
MIAMI, FL 33144**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typewritten printed name of registered agent and title if applicable

(NOTE: Registered Agents signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HERRERA, NOELIO H
STREET ADDRESS 5858 W. FLAGLER ST.
CITY-ST-ZIP MIAMI, FL 33144

TITLE SVD
NAME BERBILL, ILIET MM
STREET ADDRESS 5858 W. FLAGLER ST.
CITY-ST-ZIP MIAMI, FL 33144

TITLE
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STREET ADDRESS
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000000565886
05/23/06-80002-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #