## 2007 FOR PROFIT CORPORATION

## Apr 23, 2007 08:00 All Secretary of State DOCUMENT # P02000056478 SOOTHING TOUCH MASSAGE, INC. Mailing Address Principal Place of Business 3791 NW 78TH AVE., #16 3791 NW 78TH AVE., #16 HOLLYWOOD, FL 33024 HOLLWOOD, FL 33024 No Chg-P 04142007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-3064982 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUIZ, DEBRA DO NOT WRITE 3791 NW 78TH AVE., #16 HOLLYWOOD, FL 33024 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. Fam familiar with, and accept the obligations of registered agent. quarte, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstatura) 9. Election Campaign Financing FILE NOW!!! FEE'IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS DP NAME RUIZ, DEBRA STREET ADDRESS 3791 NW 78TH AVE., #16 CITY-ST-ZIP HOLLYWOOD, FL 33024 U000000724247 HILE 05/02/07-80104-006 158.75 NAMÉ STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THILE IN THIS SPACE NAME STREET AUDRESS CHY-ST-/IP TITLE NAME STREET ADDRESS 011Y-51-7IP HILE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 received 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.

FOF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

Daytime Phone #