## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024912

Entity Name: BLANCO THERAPY SERVICE'S, INC.

**FILED** Feb 15, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1331 SW 109 PASSAGE 1331 SW 109 PASSAGE MIAMI, FL 33174

SUITE 109 MIAMI, FL 33174

**Current Mailing Address: New Mailing Address:** 

1331 SW 109 PASSAGE 1331 SW 109 PASSAGE MIAMI, FL 33174 SUITE 109

MIAMI, FL 33174

FEI Number: 13-4244716 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLANCO, LILIANA BLANCO, LILIANA 530 W. PARK DR., #205 1331 SW 104 PASSAGE MIAMI, FL 33172 SUITE 109 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: 02/15/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition Title: ( ) Delete Title:

BLANCO, LILIANA BLANCO, LILIANA Name: Name: 530 W. PARK DR., #205 Address: 1331 SW 104 PASSAGE SUITE 109 Address:

City-St-Zip: MIAMI, FL 33172 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 Statutés. 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.

Ρ SIGNATURE: LILIANA R. BLANCO 02/15/2005