2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State □□□□□□□□ **P03000028106** 01-26-2004 90053 026 ***150.00 CLOUD 9 THERAPEUTIC MASSAGE CORP. Principal Place of Business. Mailing Address 8450 NORTHWEST 185TH STREET 8450 NORTHWEST 185TH STREET HIALEAH, FL 33015 HIALEAH, FL 33015 Principal Place of Bysiness 3. Mailing Address tm DASSad Suite, Apt. #, etc. 01162004 City & State 4. FEI Number Applied For 0305 Not Applicable Country **\$8.75** accimicac 5. Certificate of Status Desired 00000000000 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 n nmon Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST Change TITLE ☐ Delete TITLE ☐ Addition Darias, Walie Terese PARIAS, MARIA T NAME NAME. STREET ADDRESS 8450 NORTHWEST 185TH STREET STREET ADDRESS Cspellins error CITY-ST-ZIP HIALEAH, FL 33015 CITY-ST-7IP ☐ Addition ☐ Delete TITLE 3 TILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SY-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the receiver or further empowered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachm SIGNATURE:

FILED

Jan 26, 2004 8:00 am