

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030086

FILED  
Aug 31, 2006  
Secretary of State

Entity Name: STAR THERAPY CENTER INC

**Current Principal Place of Business:**

3990 WEST FLAGLER ST., #407  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

3990 WEST FLAGLER ST., #407  
MIAMI, FL 33134

**New Mailing Address:**

FEI Number: 42-1581216      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

REAL COCAS, FERNANDO  
3990 W. FLAGLER STREET, #407  
MIAMI, FL 33134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REAL COCAS, FERNANDO  
Address: 3990 WEST FLAGLER ST., #407  
City-St-Zip: MIAMI, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PD (X) Change ( ) Addition  
Name: ALVAREZ, RENE C  
Address: 3990 WEST FLAGLER ST., #407  
City-St-Zip: MIAMI, FL 33134 US

Title: VP ( ) Change (X) Addition  
Name: REAL COCAS, FERNANDO  
Address: 3990 WEST FLAGLER ST., #407  
City-St-Zip: MIAMI, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RENE C. ALVAREZ

PD

08/31/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date