2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039937

Entity Name: AAA INJURY MASSAGE CENTER, INC.

FILED Sep 13, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

20030 NW 66 PLACE 850 IVES DAIRY ROAD MIAMI, FL 33015

T-18

NORTH MIAMI BEACH, FL 33179

Current Mailing Address: New Mailing Address:

20030 NW 66 PLACE 850 IVES DAIRY ROAD

MIAMI, FL 33015 T-18

NORTH MIAMI BEACH, FL 33179

FEI Number: 13-4248856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SABORIO, MARIO G SABORIO, MARIO G 20030 NW 66 PLACE 850 IVES DAIRY ROAD

MIAMI, FL 33015 NORTH MIAMI BEACH, FL 33179

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: 09/13/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SABORIO, MARIO G SABORIO, MARIO G Name: Name: 20030 NW 66 PLACE 850 IVES DAIRY ROAD T-18 Address: Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: NORTH MIAMI BEACH, FL 33179

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

Name: Name: SABORIO, MARIA A Address: Address: 850 IVES DAIRY ROAD T-18 NORTH MIAMI BEACH, FL 33179 City-St-Zip: City-St-Zip:

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 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: MARIO SABORIO 09/13/2004 P[