

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90365 048 \*\*\*150.00

<b>DOCUMENT # P03000049487</b> 1. Entity Name <b>VIOLET'S THERAPEUTIC UNLIMITED, CORP.</b>					
Principal Place of Business <b>1101 NE 191ST STREET STE 206 NORTH MIAMI BEACH, FL 33179</b>			Mailing Address <b>1101 NE 191ST STREET STE 206 NORTH MIAMI BEACH, FL 33179</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>ALVAREZ, VIOLETA 1101 NE 191ST STREET NORTH MIAMI BEACH, FL 33179</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when submitting report)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP ALVAREZ, VIOLETA 1101 NE 191ST STREET NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD ALVAREZ, JUAN CARLOS 1101 NE 191ST STREET NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD RAMOS, TULSI 1101 NE 191ST STREET NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receiver 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.					
SIGNATURE: <u>Violeta Alvarez</u> <span style="float: right;">3/31/04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**66420562**

