

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # P03000049487

1. Entity Name
VIOLET'S THERAPEUTIC UNLIMITED, CORP.



Principal Place of Business
**1101 NE 191ST STREET STE 206
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**1101 NE 191ST STREET STE 206
NORTH MIAMI BEACH, FL 33179**



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1665254

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALVAREZ, VIOLETA
1101 NE 191ST STREET
NORTH MIAMI BEACH, FL 33179**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
ALVAREZ, VIOLETA
1101 NE 191ST STREET
NORTH MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
ALVAREZ, JUAN CARLOS
1101 NE 191ST STREET
NORTH MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
RAMOS, TULSI
1101 NE 191ST STREET
NORTH MIAMI BEACH, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

UN00000630809
02/20/07-80021-017-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Viola Alvarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2007
Date

Daytime Phone #