

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049487

FILED
Apr 11, 2009
Secretary of State

Entity Name: VIOLET'S THERAPEUTIC UNLIMITED, CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

4908 EAGLESMERE DR #221
ORLANDO, FL 32819

Current Mailing Address:

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

New Mailing Address:

4908 EAGLESMERE DR #221
ORLANDO, FL 32819

FEI Number: 16-1665254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ALVAREZ, VIOLETA
4908 EAGLESMERE DR #221
ORLANDO, FL 32819 US

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:

04/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALVAREZ, VIOLETA
Address: 1101 NE 191ST STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VD (X) Delete
Name: ALVAREZ, JUAN CARLOS
Address: 1101 NE 191ST STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: SD () Delete
Name: RAMOS, TULSI
Address: 1101 NE 191ST STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALVAREZ, VIOLETA
Address: 4906 EAGLESMERE DR #221
City-St-Zip: ORLANDO, FL 32819

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RAMOS, TULSI
Address: 4924 EAGLESMERE DR #316
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify 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: VIOLETA ALVAREZ

PRES

04/11/2009

Electronic Signature of Signing Officer or Director

Date