2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P03000063201

1. Entity Name
THERAPY MASTERS INCORPORATED

Principal Place of Business
10645 SW 100 ST
MIAMI, FL 33176

Mailing Address
10645 SW 100 ST
MIAMI, FL 33176

05022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0616875
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SERRANO, HARRISON O
10645 SW 100 ST
MIAMI, FL 33176

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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.

U00000752045
05/25/07-80081-008 150.00

SIGNATURE _____
Signature, name and address of registered agent and the date signed. (REQUIRED) Registered Agent's signature required for a change. Date

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SERRANO, HARRISON O
STREET ADDRESS	10645 SW 100 ST
CITY ST ZIP	MIAMI, FL 33176
TITLE	DV
NAME	LIRANZO, EMELYN
STREET ADDRESS	10645 SW 100 ST
CITY ST ZIP	MIAMI, FL 33176
TITLE	D
NAME	SERRANO, MARIA
STREET ADDRESS	10645 SW 100 ST
CITY ST ZIP	MIAMI, FL 33176
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

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: Harrison O. Serrano 5-2-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date