## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P03000067085 **Secretary of State** 1. Entity Name S.R. THERAPY SERVICES, INC. Principal Place of Business Mailing Address 239 LAWN WAY MIAMI SPRINGS FL 33166 239 LAWN WAY MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 57-1174888 Not Applicat Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REY, SORAYA 239 LAWN WAY Street Address (P.O. Box Number is Not Acceptable) MIAMI SPRINGS FL 33166 Zip Code F 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 acce the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature remained when remarating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ? After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11, HTLE Delete TITLE ☐ Change $\square M^c$ U00000411081 NAME REY, SORAYA MAME 02/09/06-80061-018 150.00 STREET ADDRESS STREET ADDRESS 239 LAWN WAY City-SI-ZiP CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Change EJA: THE ☐ Delcte TITLE NAME MAME STREET ADDRESS STREET ADDRESS C??Y-ST-ZIP CITY-ST-ZIP Change □ åå: 7371.5 Oeiete TITLE NAME NAME STREET ADDRESS STRILLI ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Adi MASSE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY - ST-ZIP ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change □ Att THUE ☐ Defete 33515 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and securate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direction 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

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Joraga Rey

1-25-06

**FILED** 

Jan 31, 2006 08:00 AM

786-514-0325