

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90038 008 ***550.00

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1. Entity Name
PROMOTION THERAPY, INC.



Principal Place of Business
6550 SOUTHWEST 75TH TERRACE
SOUTH MIAMI, FL 33143

Mailing Address
6550 SOUTHWEST 75TH TERRACE
SOUTH MIAMI, FL 33143

JUL 27 2004



2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

54-2119693

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST,
4TH FLOOR
MIAMI, FL 33145

Name Syed S. Zafar

Street Address (P.O. Box Number is Not Acceptable)

9869 SW 117 COURT

City Miami, Florida

FL

Zip Code 33186

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/15/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME SCHOLL, THOMAS J
STREET ADDRESS 6550 SOUTHWEST 75TH TERRACE
CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE CEO
NAME SLEPPY, TIMOTHY E
STREET ADDRESS 6550 SOUTHWEST 75TH TERRACE
CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE SD
NAME SLEPPY, TIMOTHY E
STREET ADDRESS 6550 SOUTHWEST 75TH TERRACE
CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy E Sleppy

6/17/04

Date

786-897-6603

Daytime Phone #