5/23/2005-90004-022-$150.00-$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P.03000089777

1. Entity Name
THERAPEUTIC Massage Service Corp.

FILED
05 AUG -1 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66021966

DO NOT WRITE IN THIS SPACE

T. Roberts AUG 09 2005
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3778 W 12ave 2nd piso	3778 W 12ave 2nd piso
Suite, Apt. #, etc. Hialeah Fl.	Suite, Apt. #, etc. Hialeah Fl.
City & State 33012 Dade	City & State 33012 Dade
Zip / Country	Zip / Country

4. FEI Number 55-0844064 — Applied For ☐ / Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name EMMA MUNOZ
Street Address (P.O. Box Number is Not Acceptable) 3778 West 12 Ave
City Hialeah FL Zip Code 33012

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 Emma Munoz DATE

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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	~~Therapeutic Massage Service~~ CORP. 3778 W 12ave 2nd piso Hialeah Fl 33012	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Emma Munoz Presidente/D 3778 W 12 Ave/2nd piso Hialeah, Fl 33012
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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 11 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: Emma Munoz Presidente Director 5-17-05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date