


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90069 023 ***150.00

DOCUMENT # P03000106974 1. Entity Name EAST WEST THERAPY, INC					
Principal Place of Business 1515 N. FEDERAL HWY SUITE 300 BOCA RATON FL 33432			Mailing Address 1515 N. FEDERAL HWY SUITE 300 BOCA RATON FL 33432		
2. Principal Place of Business 301 W. Atlantic Avenue Suite, Apt. #, etc. Ste # 7 City & State Delray Beach Zip 33444 Country USA		3. Mailing Address 301 W. Atlantic Avenue Suite, Apt. #, etc. Ste # 7 City & State Delray Beach, FL Zip 33444 Country USA			
4. FEI Number 20-1063405			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RUBINO, RICHARD L 1423 ESTUARY TRAIL DELRAY BEACH FL 33483			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME RUBINO, RICHARD L STREET ADDRESS 1423 ESTUARY TRAIL CITY-ST-ZIP DELRAY BEACH FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Richard L. Rubino 1/3/05 561 702 9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #