


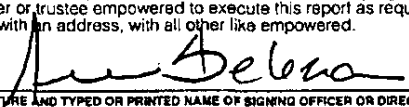
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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P03000127947

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000127947			
1. Entity Name THERAPISTS ON THE GO, INC.			
Principal Place of Business 1440 J.F. KENNEDY CAUSEWAY NORTH BAY VILLAGE FL 33141		Mailing Address 1440 J.F. KENNEDY CAUSEWAY NORTH BAY VILLAGE FL 33141	
2. Principal Place of Business 1440 J.F. Kennedy Causeway Suite, Apt. #, etc. # 410 City & State North Bay Village, FL		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 33141	Country USA	Zip	Country
4. FEI Number 56-2413178		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BELEZIA, ANA L 6450 COLLINS AVENUE #708 MIAMI BEACH FL 33141		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 DUE BY: September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BELEZIA, ANA L 6450 COLLINS AVENUE #709 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MEDEIROS, CLAUDIA 410 EUCLID AVENUE #14 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	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: 		6/30/04 786 271 9788	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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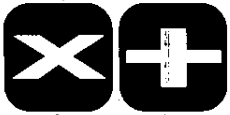


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**BRYANT
& ASSOCIATES P.A.**

Accountants & Business Consultants

847 N.W. 119 ST., SUITE 205 • MIAMI, FLORIDA 33168

Office: (305) 685-5918 • Fax: (305) 685-3868

July 23, 2004

Division of Corporations
P.O. Box 6327
Tallahassee FL, 32314

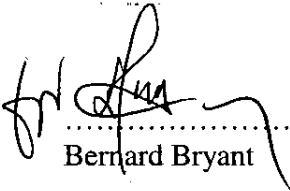
Dear Sirs:

Re: Doc#: P03000127947 – Therapists on the Go, Inc.

The above named corporation, incorporated last year, did not receive the annual report card reminder. As a result renewal was done late.

We are kindly asking that penalty be abated since late filing was not intentionally done.

Sincerely,
Bryant & Associates PA


Bernard Bryant