## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000018739

Entity Name: CHIROMASSAGE, INC.

FILED Apr 04, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

501 SW 11TH PLACE 501 SW 11TH PLACE 405A

BOCA RATON, FL 33432

BOCA RATON, FL 33432 US

**Current Mailing Address: New Mailing Address:** 

501 SW 11TH PLACE 501 SW 11TH PLACE BOCA RATON, FL 33432

405A

BOCA RATON, FL 33432 US

FEI Number: 56-2447885 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRAMMER, EDWIN L SCHLETER, CHRISTINE A 7941 W OAKLAND PARK BLVD #301 501 SW 11TH PLACE LAUDERHILL, FL 33319 405A

BOCA RATON, FL 33432 US

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.

SIGNATURE: CHRISTINE A SCHLETER 04/04/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: () Change () Addition

SCHLETER, CHRISTINE Name: Name: 501 SW 11TH PLACE Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: CHRISTINE A SCHLETER 04/04/2005