2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# P04000053276

Entity Name: HAND AND ARM THERAPY SPECIALIST'S INC.

Current Principal Place of Business:

13285 LAKESIDE TERR.
COOPER CITY, FL 33330

New Principal Place of Business:

501 GOLDEN ISLES DRIVE
204 A-3
HALLANDALE BEACH, FL 33009

Current Mailing Address:

13285 LAKESIDE TERR.
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 68-0581016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUBIO-YATES, SONIA
13285 LAKESIDE TERR.
COOPER CITY, FL 33330 US

Name and Address of New Registered Agent:

RUBIO-YATES, SONIA L
13285 LAKESIDE TERR.
COOPER CITY, FL 33330 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: SONIA L. RUBIO-YATES 01/11/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: RUBIO-YATES, SONIA L
Address: 13285 LAKESIDE TERR.
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
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 Statutes. 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.

SIGNATURE: SONIA L. RUBIO-YATES PST 01/11/2005
Electronic Signature of Signing Officer or Director Date