

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000075546

FILED
May 01, 2005
Secretary of State

Entity Name: MUSCULAR SKELETAL PAIN RELIEF INC.

Current Principal Place of Business:

PO BOX 972345
MIAMI, FL 33197

New Principal Place of Business:

PO BOX 92345
LAKELAND, FL 33804

Current Mailing Address:

PO BOX 972345
MIAMI, FL 33177

New Mailing Address:

PO BOX 92345
LAKELAND, FL 33804

FEI Number: 20-1682402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, GUSTAVO
18023 SW 139TH PL
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

DIAZ, GUSTAVO
7761 MANOR DR
LAKELAND, FL 33810 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: GUSTAVO DIAZ

05/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIAZ, GUSTAVO
Address: PO BOX 972345
City-St-Zip: MIAMI, FL 33197

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIAZ, GUSTAVO
Address: PO BOX 92345
City-St-Zip: LAKELAND, FL 33804

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: GUSTAVO DIAZ

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date