

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124072

Entity Name: JTG THERAPEUTIC BEDS, INC.

FILED
Mar 21, 2005
Secretary of State

Current Principal Place of Business:

8950 SW 69 COURT #117
PINECREST, FL 33156

New Principal Place of Business:

Current Mailing Address:

8950 SW 69 COURT #117
PINECREST, FL 33156

New Mailing Address:

FEI Number: 20-1555823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, TERESA
8950 SW 69 COURT #117
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TORRES, TERESA
Address: 8950 SW 69 COURT #117
City-St-Zip: PINECREST, FL 33156

Title: V () Delete
Name: TORRES, GRACIELA
Address: 14011 SW 85 AVE
City-St-Zip: MIAMI, FL 33158

Title: S () Delete
Name: TORRES, JOSEFINA
Address: 177 OCEAN LN/DR #1009
City-St-Zip: KEY BISCAVNE, FL 33149

Title: D (X) Delete
Name: TORRES, JOSE H
Address: 14311 SW 96 STREET #302
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TORRES, TERESA

P

03/21/2005

Electronic Signature of Signing Officer or Director

Date