# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2009**
**Secretary of State**

DOCUMENT# P05000114548

**Entity Name:** STRESS & PAIN RELIEF, INC

**Current Principal Place of Business:**

215 NW 109 AVE
STE # 2-215
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

215 NW 109 AVE
STE # 2-215
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number: 20-3327761** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MANCEBO, MICHAEL
215 NW 109 AVE
STE # 2-215
MIAMI, FL 33172 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: DP ( ) Delete
Name: MANCEBO, MICHAEL
Address: 215 NW 109 AVE #2-215
City-St-Zip: MIAMI, FL 33172

Title: DTS ( ) Delete
Name: BARRANCO GONZALEZ, ANTONIO J
Address: 215 NW 109 AVE #2-215
City-St-Zip: MIAMI, FL 33172

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

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 exemption stated in Chapter 119, 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: MICHAEL MANCEBO P 03/24/2009

Electronic Signature of Signing Officer or Director — Date