


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90044 044 ***150.00

DOCUMENT # P05000149995	
1. Entity Name A & V THERAPY CENTER, INC.	

Principal Place of Business 3175 SW 8TH STREET MIAMI, FL 33135	Mailing Address 3175 SW 8TH STREET MIAMI, FL 33135
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2. Principal Place of Business - No P.O. Box # 8336 N.W. 10 St.	3. Mailing Address 8336 NW 10 St.
Suite, Apt. #, etc. Apt. 3H	Suite, Apt. #, etc. Apt. 3H
City & State Miami FL	City & State Miami, FL
Zip 33126	Zip 33126
Country	Country

40011004



02122007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3778874	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, ANA M 3175 SW 8TH STREET MIAMI, FL 33135	7. Name and Address of New Registered Agent Name Maria V. Perez Street Address (P.O. Box Number is Not Acceptable) 8336 N.W. 10 St. Apt. 3H City Miami FL Zip Code 33126
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 	DATE: 2-12-07
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PEREZ, MARIA V		NAME 8336 N.W. 10 St, Apt. 3H	
STREET ADDRESS 3175 SW 8TH STREET		STREET ADDRESS Miami, FL 33126	
CITY-ST-ZIP MIAMI, FL 33135		CITY-ST-ZIP Miami, FL 33126	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  President	DATE: 2-12-07	DAYTIME PHONE: 786 351 9073
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