

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90063 020 \*\*\*150.00

<b>DOCUMENT # P06000003484</b> 1. Entity Name <b>R. G. THERAPEUTIC TREATMENT SPECIALTIES, INC.</b>																																			
Principal Place of Business <b>2211 NW 1ST ST MIAMI, FL 33125</b>		Mailing Address <b>2211 NW 1ST ST MIAMI, FL 33125</b>																																	
2. Principal Place of Business - No P.O. Box # <b>1890 S.W 57 Ave.</b>		3. Mailing Address <b>1890 SW 57 Ave</b>																																	
Suite, Apt. #, etc. <b>111</b>		Suite, Apt. #, etc. <b>111</b>																																	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>																																	
Zip <b>33155</b>		Zip <b>33155</b>																																	
Country <b>USA</b>		Country <b>USA</b>																																	
4. FEI Number <b>74-3156529</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>GARCIA, RAFAEL 2211 NW 1ST ST MIAMI, FL 33125</b>		7. Name and Address of New Registered Agent Name <b>GARCIA, RAFAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1890 S.W 57 Ave.</b> <b>Suite 111</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33155</b>																																	
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 <b>2/8/08</b> <small>Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>P GARCIA, RAFAEL</b> <input checked="" type="checkbox"/> Delete  <b>2211 NW 1ST ST</b>  <b>MIAMI, FL 33125</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P GARCIA, RAFAEL</b> <input checked="" type="checkbox"/> Delete <b>2211 NW 1ST ST</b> <b>MIAMI, FL 33125</b>															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>P GARCIA, RAFAEL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>1890 S.W 57 Ave Ste 111</b>  <b>Miami, FL 33155</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P GARCIA, RAFAEL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1890 S.W 57 Ave Ste 111</b> <b>Miami, FL 33155</b>														
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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:		Date <b>(786) 208-0955</b> <small>Daytime Phone #</small>																																	