2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State
03-15-2007 90024 026 ***150.00

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DOCUMENT # P06000045018 1. Entity Name HUMAN THERAPY CENTER, INC.						03-13-2	,007 300)Z4 020	~130.00
Principal Place	of Business	Mailing Address	Mailing Address						
2128 W FLAGLER ST STE #103 MIAMI, FL 33134		2128 W FLAGLER ST MIAMI, FL 33134	2128 W FLAGLER ST STE #103 Miami, FL 33134						
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address		·····					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03112007	Chg-P	CR2E	034 (12/06)	
City & State		City & State		<u></u>	4. FEI Numb	🗠 —	+60		oplied For
Zip	Country	Zip	Count	Ŋ	5. Certificate	e of Status Desired	D	\$8.75 Add	ditional
	6. Name and Address of Curren	nt Registered Agent		Name	7. Name an	d Address of New	Registered	Agent	
BATISTA, 10370 SW MIAMI, FL	212 ST			Sircet Address (P.O. Box Numb	per is Not Acceptab	io)		
WIIAWI, FE	33103			City				Zip Cod	
8. The above	named entity submits this statement ons of registered agent.	for the purpose of changing it	ts registore	d office or register	red agent, or bo	oth, in the State of F	Fl lorida, I am	- ' ' ' '	-
SIGNATURE_									
	Signature, typed or printed riams of registered age	rnt and title if applicable. (NO	ITE: Regetared	Agent argristure required	where reinerating)	<u> </u>	DATE		_
FILI After Ma	E NOW!!! FEE \$\$ \$150.00 by 1, 2007 Fee will be \$550	9. Election Camp Trust Fund Cor			.00 May Be led to Fees				
10.	OFFICERS AN	D DIRECTORS	11,		ADDITIONS	/CHANGES TO OF	FICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BATISTA, VLADIMIR 10370 SW 212 ST MIAMI, FL 33189	☐ Oelete		7 ADDAESS ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delcte		T ADDRESS			•	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITLE HAME STHEE	T ADDRESS				☐ Change	☐ Addition
CITY-ST-ZIP TIFLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	T ADDRESS			<u> </u>	☐ Change	(Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	•	☐ Cetels	TITLE NAME STREE	T ADDRESS				Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oclete	TITLE NAME STREE	T ADDRESS S1-ZiP			٠.	Change	Addition
12. I hereby of indicated of the corr	ertly that the information supplied won this report or supplemental report poration or the receiver or trustes error or on an attachment with an address URE:	t is true and accurate and that apowered to execute this repo	for the exer my signatu rt as require	mptions contained are shall have the	same iegai otioi	CT 85 II MACIB UNOBI	Cain; mai i	am an onicer	or disposor