

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000123269

Entity Name: THERAPY FOR ALL, INC.

FILED
Sep 29, 2009
Secretary of State

Current Principal Place of Business:

4160 W 16 AVE, SUITE 308
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4160 W 16 AVE, STE 308
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-5623946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTINA, YAMILKA
4160 WEST 16 AVE
SUITE 308
HIALEAH, FL 33012 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CORTINA, YAMILKA
Address: 4160 WEST 16 AVE, SUITE308
City-St-Zip: HIALEAH, FL 33012

Title: TRS (X) Delete
Name: RODRIGUEZ, ISBEL
Address: 4160 W. 16 AVE SUITE 308
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CORTINA, YAMILKA
Address: 4160 WEST 16 AVE, SUITE308
City-St-Zip: HIALEAH, FL 33012

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: YAMILKA CORTINA

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09/29/2009

Electronic Signature of Signing Officer or Director

Date