## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000013881

Entity Name: THERAPEUTIC, INC.

FILED Apr 02, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1190 N.E. 163 STREET STE 100

N. MIAMI BEACH, FL 33162

Current Mailing Address: New Mailing Address:

1190 N.E. 163TH STREET 1190 N.E. 163 STREET STE 100 STE 100

N. MIAMI BEACH, FL 33162 N. MIAMI BEACH, FL 33162

FEI Number: 20-8354142 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GUO, MING
1190 N.E. 163TH STREET
STE 100

GUO, MING
1190 N.E. 163 STREET
STE 100

N. MIAMI BEACH, FL 33162 US N. MIAMI BEACH, FL 33162 US

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: 04/02/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: GUO, MING Name: GUO, MING

 Address:
 1190 N.E. 163TH STREET
 Address:
 1190 N.E. 163 STREET

 City-St-Zip:
 N. MIAMI BEACH, FL 33162
 City-St-Zip:
 N. MIAMI BEACH, FL 33162

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: GUO, MING P 04/02/2009