

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000093736

Entity Name: THERAPY MAX INC

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

5190 NW 167 STREET
SUITE 110
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

5190 NW 167 STREET
SUITE 110
MIAMI, FL 33014

New Mailing Address:

FEI Number: 26-0776346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, GEORGE
5190 NW 167 STREET
SUITE 110
MIAMI, FL 33014 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODRIGUEZ, GEORGE
Address: 5190 NW 167 STREET SUITE 110
City-St-Zip: MIAMI, FL 33014

Title: VP () Delete
Name: RODRIGUEZ, ADRIANA
Address: 5190 NW 167 STREET SUITE 110
City-St-Zip: MIAMI, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGE RODRIGUEZ

P

04/10/2008

Electronic Signature of Signing Officer or Director

Date