2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2008 8:00 am Secretary of State DOCUMENT # P07000131594 1. Entity Name 05-09-2008 90008 018 ***150.00 TO GO 4 U MASSAGE INC. Principal Place of Business Mailing Address 337 IVES DAIRY ROAD 337 IVES DAIRY ROAD SUITE #03 MIAMI FL 33179 SUITE #03 MIAMI FL 33179 2. Principal Place of Business - No P.G. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 26-1570776 Not Applicable Zφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name LANCIA, CATERINA Street Address (P.O. Box Number is Not Acceptable) 337 IVES DAIRY ROAD SUITE #03 MIAMI FL 33179 Zip Code 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, typed or granted name of registered agent and title if applicable. (NOTE: Registered Agent arginature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be "After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE TITLE ☐ Delete Change ☐ Addition LANCIA, CATERINA NAME NAME STREET ADDRESS 337 IVES DAIRY ROAD #03 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33179 CITY-ST-ZIP TITLE ☐ Delete TITLE DIRECTOR ☐ Change ▼Addition JUVENAL A BENITEZ 337 IVES DAIRI ROAD #03 NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI R 33179 DIRECTOR MARCO A. VILLAVICENCIO ☐ Delete TITLE Change **⊠** Addition NAME NAME 337 IVES DAIRT ROAD #03 STREET ADDRESS STREET ADDRESS 0177-51-709 CITY-ST-ZIP MIAMI FC 33179 mile ☐ Change ☐ Delete THILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 4mpowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11

with all other like empowered.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachmen

SIGNATURE:

FILED