

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000027274

FILED
Mar 14, 2009
Secretary of State

Entity Name: BLUE LAKES THERAPY, INC.

Current Principal Place of Business:

9052 NW 145 ST.
MIAMI LAKES, FL 33018

New Principal Place of Business:

Current Mailing Address:

9052 NW 145 ST.
MIAMI LAKES, FL 33018

New Mailing Address:

FEI Number: 26-2183012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, LEONEL
9052 NW 145 ST.
MIAMI LAKES, FL 33018 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: PSD () Delete
Name: RAMOS, LEONEL
Address: 9052 NW 145 ST.
City-St-Zip: MIAMI LAKES, FL 33018

Title: VTD () Delete
Name: RAMOS, KARINA
Address: 9052 NW 145 ST.
City-St-Zip: MIAMI LAKES, FL 33018

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: LEONEL RAMOS

PSD

03/14/2009

Electronic Signature of Signing Officer or Director

Date