

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000030925

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** TRANSCENDS MASSAGE INC

**Current Principal Place of Business:**

4191 NW 110TH AVE S  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

4191 NW 110TH AVE S  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 26-2486926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLANCO, MONICA  
4191 NW 110 TH AVE  
CORAL SPRINGS, FL 33065 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  
Name: BLANCO, MONICA  
Address: 4191 NW 110TH AVE S  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby 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 all other like empowered.

SIGNATURE: MONICA BLANCO

PD

04/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date