

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000051685

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** EFFECTIVE THERAPY SERVICES, INC

**Current Principal Place of Business:**

6970 NW 173 DR  
2106  
MIAMI, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

6970 NW 173 DR  
2106  
MIAMI, FL 33015 US

**New Mailing Address:**

**FEI Number:** 27-0371901      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MUNOZ DIAZ, MAYVELIS  
6970 NW 173 DR  
2106  
MIAMI, FL 33015 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  
Name: MUNOZ DIAZ, MAYVELIS  
Address: 6970 NW 173 DR #2106  
City-St-Zip: MIAMI, FL 33015 US

Title: VP  
Name: DIAZ, ORLANDO  
Address: 6970 NW 173 DR #2106  
City-St-Zip: MIAMI, FL 33015 US

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: ORLANDO DIAZ

VP

03/03/2010

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

\_\_\_\_\_ Date