

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000083602

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** THERAPY FOR ANGELS OF SOUTH FLORIDA, CORP.

**Current Principal Place of Business:**

8009 NW 36 ST  
215  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8009 NW 36 ST  
215  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 27-1082085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA, LISANDRA  
13530 SW 112 PL  
MIAMI, FL 33176 US

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

RIVERA, LISANDRA  
8009 NW 36 ST  
215  
MIAMI, FL 33166 US

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

04/05/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RIVERA, LISANDRA  
Address: 13530 SW 112 PL  
City-St-Zip: MIAMI, FL 33176

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: LISANDRA RIVERA

MRS

04/05/2011

Electronic Signature of Signing Officer or Director

Date