

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000028520

FILED
Feb 04, 2012
Secretary of State

Entity Name: THERAPY 4 GOOD HEALTH INC

Current Principal Place of Business:

3869 NW 92 AVE
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

3869 NW 92 AVE
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 27-2559094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENIN, FERNANDO A
3869 NW 92 AVE
SUNRISE, FL 33351 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: P
Name: HENIN, FERNANDO A
Address: 3869 NW 92 AVE
City-St-Zip: SUNRISE, FL 33351

Title: VP
Name: HENIN, MARCELO R
Address: 3869 NW 92 AVE
City-St-Zip: SUNRISE, FL 33351

Title: T
Name: HENIN, EVA R
Address: 3869 NW 92 AVE
City-St-Zip: SUNRISE, FL 33351

Title: S
Name: HENIN, ELEONORA
Address: 3869 NW 92 AVE
City-St-Zip: SUNRISE, FL 33351

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: FERNANDO AGUSTIN HENIN

P

02/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date