

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000029308

Entity Name: SHELS THERAPY INC

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1142 WEST 41ST STREET  
HIALEAH, FL 33012

**New Principal Place of Business:**

1142 WEST 41ST ST  
HIALEAH, FL 33012

**Current Mailing Address:**

1142 WEST 41ST STREET  
HIALEAH, FL 33012

**New Mailing Address:**

1142 W 41ST ST  
HIALEAH, FL 33012

FEI Number: 26-2110333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REYES, YAMILILA  
1142 WEST 41ST STREET  
HIALEAH, FL 33012 US

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

REYES, YAMILKA  
1142 WEST 41ST STREET  
HIALEAH, FL 33012 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: YAMILKA REYES

01/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: REYES, YAMILKA  
Address: 1142 W 41ST ST  
City-St-Zip: HIALEAH, FL 33012

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: YAMILKA REYES

P

01/27/2011

Electronic Signature of Signing Officer or Director

Date