

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000066947

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** PARADISE IN HEAVEN THERAPY, CORP.

**Current Principal Place of Business:**

5050 NW 74 AVE., STE. 105  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

5050 NW 74 AVE., STE. 105  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 27-3256043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOPEZ, SANDY Z  
8837 NW 114 ST  
HIALEAH GARDENS, FL 33018 US

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

ZAPIRAIN LOPEZ, SANDY Z  
8837 NW 114 ST  
HIALEAH GARDENS, FL 33018 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:** SANDY ZAPIRAIN LOPEZ

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** ZAPIRAIN LOPEZ, SANDY  
**Address:** 8837 NW 114 ST  
**City-St-Zip:** HIALEAH GARDENS, FL 33018

**Title:** DV  
**Name:** RODRIGUEZ FDEZ, AGNES R  
**Address:** 8837 NW 114 ST  
**City-St-Zip:** HIALEAH GARDENS, FL 33018

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:** SANDY ZAPIRAIN LOPEZ

DP

04/30/2011

Electronic Signature of Signing Officer or Director

Date