

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000006168

**Entity Name:** MASSAGE THERAPY SOLUTIONS, INC.

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7503 W 29 LN  
HIALEAH, FL 33018 US

**New Principal Place of Business:**

**Current Mailing Address:**  
7503 W 29 LN  
HIALEAH, FL 33018 US

**New Mailing Address:**

FEI Number: 27-4582780      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BAUTE, BRETT  
7503 W 29 LN  
HIALEAH, FL 33018 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: BAUTE, BRETT  
Address: 7503 W 29 LN  
City-St-Zip: HIALEAH, FL 33018 US

Title: VP  
Name: BAUTE, LORRAINE  
Address: 7503 W 29 LN  
City-St-Zip: HIALEAH, FL 33018 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: BRETT BAUTE

P

03/30/2012

Electronic Signature of Signing Officer or Director

Date