

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000050307

FILED
Apr 30, 2012
Secretary of State

Entity Name: ANIMAL INSTINCTS THERAPY, INC.

Current Principal Place of Business:

95 WESTWOOD CIRCLE EAST
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

95 WESTWOOD CIRCLE EAST
WEST PALM BEACH, FL 33411 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

SMIT-SIO, REGINA
95 WESTWOOD CIRCLE EAST
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

SMIT-SIO, REGINA M
95 WESTWOOD CIRCLE EAST
WEST PALM BEACH, FL 33411 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: REGINA M. SMIT-SIO

04/30/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SMIT-SIO, REGINA M
Address: 95 WESTWOOD CIRCLE EAST
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: VP
Name: SIO, CARLOS F
Address: 95 WESTWOOD CIRCLE EAST
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: SEC
Name: ELEJALDE, YVONNE M
Address: 914 MADRID ST.
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TRE
Name: ELEJALDE, KATRINA B
Address: 11814 MEADOW BRANCH DR. APT 1224
City-St-Zip: ORLANDO, FL 32825 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: REGINA M. SMIT-SIO

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date