

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000053935

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** ENTERPRISES EDUCATION AND THERAPEUTIC OF AMERICA, INC.

**Current Principal Place of Business:**

710 E MAIN ST  
STE B  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

710 E MAIN ST  
STE B  
BARTOW, FL 33830

**New Mailing Address:**

**FEI Number:** 45-2511779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VAZQUEZ-MOLINA, NORMA I  
4032 STRAFFORD SHIRES  
LAKELAND, FL 33830 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: RODRIGUEZ-ARROYO, RAMON L  
Address: 710 E MAIN ST STE B  
City-St-Zip: BARTOW, FL 33830

Title: T  
Name: COLON, NELIDIA  
Address: 710 E MAIN ST STE B  
City-St-Zip: LAKELAND, FL 33830

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: RAMON L. RODRIGUEZ-ARROYO

P

03/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date