

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000062269

Entity Name: A & L THERAPY, INC

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9601 FONTAINEBLEAUE BLVD., APT 516  
MIAMI, FL 33172

**New Principal Place of Business:**

9595 FONTAINEBLEAU BLVD  
603  
MIAMI, FL 33172

**Current Mailing Address:**

9601 FONTAINEBLEAUE BLVD., APT 516  
MIAMI, FL 33172

**New Mailing Address:**

P.O.BOX 352463  
MIAMI, FL 33135

FEI Number: 45-2705351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VEGA, JERALDINE  
9601 FONTAINEBLEAUE BLVD., APT 516  
MIAMI, FL 33172 US

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

ABREU, LAZARO L  
150 SW 12 ST  
18  
MIAMI, FL 33130 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: LAZARO ABREU

02/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VEGA, JERALDINE  
Address: 9595 FONTAINEBLEAU BLVD # 603  
City-St-Zip: MIAMI, FL 33172

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: JERALDINE VEGA

P

02/14/2012

Electronic Signature of Signing Officer or Director

Date