

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000035918

1. Entity Name:
THEA SAMIT, MPS, ATR ARTS AND ART THERAPY, INC.



Principal Place of Business:
41 51 EAST 11TH STREET
4TH FLOOR
NEW YORK, NY 10003

Mailing Address:
41 51 EAST 11TH STREET
4TH FLOOR
NEW YORK, NY 10003



04252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FE. No. 58-2179487 Applied Fee Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

PELLINGRA, ALAN
C/O SCHROEDER AND LARCHE, P.A.
1 BOCA PL. STE. 319-ATRIUM 2255 GLADES RD
BOCA RATON, FL 33431-7313

**DO NOT WRITE
IN THIS SPACE**

6. The above named agent is, through this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida, and accept the appointment of said agent.

SIGNATURE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Spending
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME: DP
STREET ADDRESS: SAMIT, THEA
CITY, ST, ZIP: 41-51 E. 11TH STREET, 4TH FLOOR
NEW YORK, NY 10003

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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04/29/04-80102-009 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information contained in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or the receiver or trustee empowered to conduct the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report, as applicable, with an affidavit with all other filers required.

SIGNATURE:

Thea Samit Thea Samit

4/25/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR