

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90061 030 ***150.00

DOCUMENT # P96000043198 1. Entity Name CRYOTHERAPY PAIN RELIEF PRODUCTS, INC.			
Principal Place of Business 3443 WATER OAKS DRIVE HOLLYWOOD, FL 33021		Mailing Address 3443 WATER OAKS DRIVE HOLLYWOOD, FL 33021	
2. Principal Place of Business - No P.O. Box # 3460 LAUREL OAKS LANE		3. Mailing Address 3460 LAUREL OAKS LANE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State HOLLYWOOD FLORIDA		City & State HOLLYWOOD FLORIDA	
Zip 33021		Zip 33021	
Country USA		Country USA	
4. FEI Number 65-0679781		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABALLERO, JORGE 3443 WATER OAKS DRIVE HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name TORRES, HUGO Street Address (P.O. Box Number is Not Acceptable) 3460 LAUREL OAKS LANE City HOLLYWOOD FL Zip Code 33021	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE HUGO TORRES <i>[Signature]</i> JANUARY 23/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CABALLERO, JORGE 3443 WATER OAKS DRIVE WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President TORRES, HUGO 3460 LAUREL OAKS LANE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CABALLERO, NANCY 1460 SEABAY ROAD WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vicepresident PARDO, Luz Stella 3460 LAUREL OAKS LANE HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: JORGE CABALLERO <i>[Signature]</i>		954 8939059	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	