

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000043198

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

**Entity Name:** CRYOTHERAPY PAIN RELIEF PRODUCTS, INC.

**Current Principal Place of Business:**

3460 LAUREL OAKS LANE  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3460 LAUREL OAKS LANE  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 65-0679781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORRES, HUGO  
3460 LAUREL OAKS LANE  
HOLLYWOOD, FL 33021 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: TORRES, HUGO  
Address: 3460 LAUREL OAKS LANE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP  
Name: PARDO GUTIERREZ, LUZ STELLA  
Address: 3460 LAUREL OAKS LANE  
City-St-Zip: HOLLYWOOD, FL 33021

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: HUGO TORRES

P

02/14/2012

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

\_\_\_\_\_  
Date