2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 17, 2012
Secretary of State

DOCUMENT# P96000043198

Entity Name: CRYOTHERAPY PAIN RELIEF PRODUCTS, INC.

Current Principal Place of Business:

3460 LAUREL OAKS LANE
HOLLYWOOD, FL 33021

New Principal Place of Business:

1640 W. OAKLAND PARK BLVD.
303
FORT LAUDERDALE, FL 33311

Current Mailing Address:

3460 LAUREL OAKS LANE
HOLLYWOOD, FL 33021

New Mailing Address:

1640 W. OAKLAND PARK BLVD.
303
FORT LAUDERDALE, FL 33311

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:

ADAMS, NATALIE M
1640 W. OAKLAND PARK BLVD.
303
FORT LAUDERDALE, FL 33311 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: NATALIE M. ADAMS 05/17/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: TORRES, HUGO
Address: 1640 W. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP
Name: PARDO GUTIERREZ, LUZ STELLA
Address: 1640 W. OAKLAND PARK BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33311

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 05/17/2012
Electronic Signature of Signing Officer or Director Date