

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000089040

**FILED**  
**Nov 17, 2004**  
**Secretary of State**

**Entity Name:** ALEGRIA MASSAGE THERAPY, INC.

**Current Principal Place of Business:**

18226 WEST DIXIE HIGHWAY  
MIAMI, FL 33160

**New Principal Place of Business:**

907 NW 8TH ST  
DANIA, FL 33004

**Current Mailing Address:**

18226 WEST DIXIE HIGHWAY  
MIAMI, FL 33160

**New Mailing Address:**

907 NW 8TH ST  
DANIA, FL 33004

**FEI Number:** 65-0952943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PARDO, JOHANNA  
18226 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33160 US

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

PARDO, JOHANNA  
907 NW 8TH ST  
DANIA, FL 33004 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: JOHANNA PARDO

11/17/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: PARDO, JOHANNA  
Address: 18226 WEST DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST (X) Change ( ) Addition  
Name: PARDO, JOHANNA  
Address: 907 NW 8TH ST  
City-St-Zip: DANIA, FL 33004

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHANNA PARDO

PRES

11/17/2004

Electronic Signature of Signing Officer or Director

Date