2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State
01-30-2006 90043 029 ***150.00

DOCUMENT # P99000108550

1. Entity Name
B & V THERA-PRO ASSOCIATES, CORP.

Principal Place of Business	Mailing Address
16620 SW 141 CT MIAMI, FL 33177-2084	16620 SW 141 CT MIAMI, FL 33177-2084

01272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
4284 S.W 161 Place		4284 S.W. 161 Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33185	Country: USA	Zip: 33185	Country: USA

4. FEI Number: 65-0968600 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEL RIESGO, BERNARDO J 16620 SW 141 CT MIAMI, FL 33177	Name: Street Address (P.O. Box Number is Not Acceptable): 4284 S.W. 161 Place City: Miami FL Zip Code: 33185

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CPT DEL RIESGO, BERNARDO J 16620 SW 141 COURT MIAMI, FL 331772084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4284 SW 161 Place Miami, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S DEL RIESGO, VIVIAN 16620 SW 141 COURT MIAMI, FL 331772084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4284 SW 161 Place Miami, FL 33185
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Bernardo J. del Riesgo 01/28/05 (786) 208-2813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #