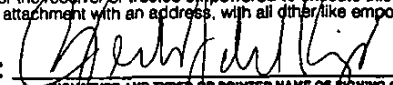


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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 16620 SW 141 CT MIAMI, FL 33177-2084			Mailing Address 16620 SW 141 CT MIAMI, FL 33177-2084		
2. Principal Place of Business 4284 S.W. 161 Place Suite, Apt. #, etc.		3. Mailing Address 4284 S.W. 161 Place Suite, Apt. #, etc.			
City & State Miami, FL Zip 33185		City & State Miami, FL Zip 33185		4. FEI Number 65-0968600	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DEL RIESGO, BERNARDO J 16620 SW 141 CT MIAMI, FL 33177			7. Name and Address of New Registered Agent 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 _____ (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	4284 SW 161 Place Miami, FL 33185	☒ Change ☐ Addition
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	4284 SW 161 Place Miami, FL 33185	☒ Change ☐ Addition
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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:  Bernardo J. del Riesgo 01/28/05 (786) 208-2813 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					