

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109191

FILED
Apr 07, 2005
Secretary of State

Entity Name: US-1 TECHNICIAN THERAPIST, INC.

Current Principal Place of Business:

845 NW 119TH STREET
STE#B
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

845 NW 119TH STREET
STE# B
MIAMI, FL 33168

New Mailing Address:

FEI Number: 65-0968475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YI, LUIS
845 NW119TH STREET
STE# B
MIAMI, FL 33168 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YI, LUIS
Address: 845 NW 119TH STREET STE# 205
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: YI, LUIS
Address: 845 NW 119TH STREET STE# B
City-St-Zip: MIAMI, FL 33168

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: LUIS YI

PD

04/07/2005

Electronic Signature of Signing Officer or Director

_____ Date