

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000092421

**Entity Name:** REBOUNCE THERAPY INC

**Current Principal Place of Business:**

13337 SW 115 PL  
MIAMI, FL 33176

**Current Mailing Address:**

13337 SW 115 PL  
MIAMI, FL 33176

**FEI Number:** 46-4115469

**Certificate of Status Desired:** No

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

PALACIOS, LUISA  
13337 SW 115 PL  
MIAMI, FL 33176 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:**

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Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PALACIOS, LUISA  
Address        13337 SW 115 PLACE  
City-State-Zip: MIAMI FL 33176

*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:** LUISA PALACIOS

**PRESIDENT**

**04/30/2014**

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Electronic Signature of Signing Officer/Director Detail

Date