

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000083326

**Entity Name:** ANGEL MASSAGE SOLUTIONS PROFESSIONAL ASSOCIATION

**FILED**  
**Mar 27, 2017**  
**Secretary of State**  
**CC4503446890**

**Current Principal Place of Business:**

2950 SOUTH DIXIE HWY APT 509  
MIAMI, FL 33133

**Current Mailing Address:**

2950 SOUTH DIXIE HWY APT 509  
MIAMI, FL 33133 US

**FEI Number: 81-4157507**

**Certificate of Status Desired: No**

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

BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name VALLE RODRIGUEZ, ANGEL ARIEL  
Address 2950 SOUTH DIXIE HWY APT 509  
City-State-Zip: MIAMI FL 33133

*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: ANGEL ARIEL VALLE RODRIGUEZ**

**PD**

**03/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date