


FILED
 Mar 18, 2004 8:00 am
 Secretary of State

3/

2004 FOR PROFIT CORPORATION
 ANNUAL REPORT

03-03-2004 90021 048 ***150.00

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|---|------------------|--|---|--|------|
| DOCUMENT # P03000042520 | | | |  | |
| 1. Entity Name R2T2 THERAPY, INC. | | | | | |
| Principal Place of Business 6319 NW 173RD TERRACE HIALEAH, FL 33015 14801 NE 2nd AVE Miami, FL 33161 | | Mailing Address 6319 NW 173RD TERRACE HIALEAH, FL 33015 14801 NE 2nd AVE Miami, FL 33161 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEL Number 105-1183205 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MORAITIS, GEORGE 16919 NW 57TH AVE MIAMI, FL 33055 | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | TITLE | NAME |
| | President | 14801 NE 2nd Ave | Miami, FL 33161 | | |
| | Braxton A. Cosby | | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Braxton A. Cosby</i> | | SIGNATURE: <i>Nathalie L. Cosby</i> | | Date: 3/27/04 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | |

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02142004 Chg-P CR2E034 (10/03)