

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000032493

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** ALISON RENEE MUSIC & THERAPY INC.

**Current Principal Place of Business:**

1865 BRICKELL AVENUE  
A-405  
MIAMI, FL 33129 US

**New Principal Place of Business:**

4737 FULTON STREET, NW  
WASHINGTON, DC 20007 US

**Current Mailing Address:**

1865 BRICKELL AVENUE  
A-405  
MIAMI, FL 33129 US

**New Mailing Address:**

4737 FULTON STREET, NW  
WASHINGTON, DC 20007 US

**FEI Number:** 26-4639746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLEIN, JASON H  
8306 MILLS DR  
#249  
MIAMI, FL 33183 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: P  
Name: RESTAK, ALISON R  
Address: 4737 FULTON STREET, NW  
City-St-Zip: WASHINGTON, DC 20007 US

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: ALISON RESTAK

P

03/12/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date