


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90025 026 \*\*\*150.00

**DOCUMENT # P00000106686**  
**1. Entity Name**  
 PSY-ASSESSMENTS SOLUTIONS, INC.



**Principal Place of Business**      **Mailing Address**  
 4530 SW 154TH PLACE      4530 SW 154TH PLACE  
 MIAMI FL 33185      MIAMI FL 33185

94052320



MOORE CR2E034 (11/03)

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**

**4. FEI Number**      **Applied For**  
 65-1061886       Not Applicable

**Zip**      **Country**      **Zip**      **Country**

**5. Certificate of Status Desires**       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 GIL, LISSETT ED.S  
 4530 SW 154TH PLACE  
 MIAMI FL 33185

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004: Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**      **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.     

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD GIL, LISSETTE ED.S 4530 SW 154TH PLACE MIAMI FL 33185	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Lissette Gil      02-14-04      305-903-3505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #