2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004
Secretary of State

DOCUMENT# P97000084155

Entity Name: MULTILINGUAL PSYCHOTHERAPY CENTERS, INC.

Current Principal Place of Business:

1639 FORUM PLACE
SUITE #7
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1639 FORUM PLACE
SUITE #7
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 65-0789015 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABRAL, CESAR R
5079 SOCIETY PLACE WEST, APT E
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

GORDON, ERIC A ESQ.
2424 N. FEDERAL HIGHWAY
SUITE 462
BOCA RATON, FL 33431 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: ERIC A. GORDON, ESQ. 03/11/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CABRAL, CESAR R. S
Address: 5079 SOCIETY PL W, APT E
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VPT ( ) Delete
Name: CABRAL, CESAR R. J
Address: 5079 SOCIETY PL W, APT E
City-St-Zip: WEST PALM BEACH, FL 33415

Title: S (X) Delete
Name: CABRAL, MARIA I.
Address: 5079 SOCIETY PL W, APT E
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CABRAL, MARIA I
Address: 1639 FORUM PLACE, SUITE 7
City-St-Zip: WEST PALM BEACH, FL 33416 US

Title: VPT (X) Change ( ) Addition
Name: CABRAL, CESAR R. J
Address: 1639 FORUM PLACE, SUITE 7
City-St-Zip: WEST PALM BEACH, FL 33416

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARIA I. CABRAL P 03/11/2004
Electronic Signature of Signing Officer or Director Date