FROM :LORD & IGLESIAS FAX NO. :305 254 5656

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Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90276 020 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

54043731

DOCUMENT # P99000003988

1. Entity Name
VARONA COUNSELING SERVICES, INC.

Principal Place of Business	Mailing Address
900 WEST 49TH STREET 5TH FLOOR HIALEAH, FL 33012	900 WEST 49TH STREET STE 522 HIALEAH, FL 33012

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-0887364
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NADAL, MARIBEL 900 W 49TH ST STE 522 HIALEAH, FL 33012	Name: VARONA, MONICA Street Address (P.O. Box Number is Not Acceptable): 900 W. 49th ST. STE 522 City: Hialeah FL Zip Code: 33012

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: Monica Varona Monica Varona 4-24-04
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	PVST VARONA, MONICA 900 WEST 49TH STREET, FLOOR #5 HIALEAH, FL 33012 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VARONA, MONICA 900 WEST 49TH STREET, FLOOR #5 HIALEAH, FL 33012 ☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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: Monica Varona 4-24-04 305-698-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #