

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003988

**FILED**  
**Aug 31, 2011**  
**Secretary of State**

**Entity Name:** VARONA COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

900 WEST 49TH STREET  
522  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

900 WEST 49TH STREET  
522  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 65-0887364      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VARONA, MONICA  
900 W 49TH ST.  
STE. 522  
HIALEAH, FL 33012 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

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: VARONA, MONICA  
Address: 900 WEST 49TH STREET, FLOOR #522  
City-St-Zip: HIALEAH, FL 33012

Title: D  
Name: VARONA, MONICA  
Address: 900 WEST 49TH STREET, FLOOR #522  
City-St-Zip: HIALEAH, FL 33012

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: MONICA VARONA

PRES

08/31/2011

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

\_\_\_\_\_ Date