

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000060605

**FILED**  
**Jan 23, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

2000 SOUTH DALE HIGHWAY  
SUITE 104  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

2000 SOUTH DIXIE HIGHWAY  
SUITE 104  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

4950 SW 75TH LN  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 65-1019353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAPIRO, JEFFREY B ESQ  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 3600  
MIAMI, FL 33131 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: D ( ) Delete  
Name: SHAPIRO, HELENANN  
Address: 4950 SW 75TH LANE  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** HELENANN SHAPIRO

PRES

01/23/2008

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

\_\_\_\_\_  
Date