2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

DOCUMENT# P03000021590

Entity Name: COMPREHENSIVE AUTISM PARTNERSHIP, INC.

Current Principal Place of Business:

1219 SKYLARK DRIVE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1219 SKYLARK DRIVE
WESTON, FL 33327

New Mailing Address:

FEI Number: 04-3743275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESTON TITLE & ESCROW, INC.
2500 WESTON ROAD, SUITE 404
WESTON, FL 33331 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: D
Name: SAUCEDA, JULIE
Address: 1219 SKYLARK DRIVE
City-St-Zip: WESTON, FL 33327

Title: D
Name: HAMAN, TONI
Address: 1219 SKYLARK DRIVE
City-St-Zip: WESTON, FL 33327

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: JULIE SAUCEDA D 02/09/2012

Electronic Signature of Signing Officer or Director Date