above, or on an attachment with all other like empowered. SIGNATURE: ANDREW SMITH PRESIDENT

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

Electronic Signature of Signing Officer/Director Detail

# Entity Name: THE CENTER FOR PRECIOUS MINDS, INC.

**Current Principal Place of Business:** 

7300 WEST CAMINO REAL 204 BOCA RATON, FL 33433

#### **Current Mailing Address:**

7300 WEST CAMINO REAL 204 BOCA RATON, FL 33433 US

#### FEI Number: 02-0666579

## Name and Address of Current Registered Agent:

SMITH, ANDREW D 7300 WEST CAMINO REAL 204 BOCA RATON, FL 33433 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: Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	PD	Title	VD
Name	SMITH, ANDREW D	Name	LOUIE, ELIZABETH M
Address	5943 NORTHWEST 66TH WAY	Address	5943 NORTHWEST 66TH WAY
City-State-Zip:	PARKLAND FL 33067	City-State-Zip:	PARKLAND FL 33067

DOCUMENT# P0300006397

## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# FILED Jan 09, 2015 Secretary of State CC6831359991

Certificate of Status Desired: No

01/09/2015

Date

Date