

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000015742

Entity Name: ALONSO PSYCHOLOGICAL SERVICES CORP.

Current Principal Place of Business:

3001 PONCE DE LEON BLVD.
SUITE 102
CORAL GABLES, FL 33134

Current Mailing Address:

3634 NW 11 ST.
MIAMI, FL 33125

FEI Number: 20-5816886

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALONSO, MARIA
3634 NW 11 ST.
MIAMI, FL 33125 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

_____ Date

Officer/Director Detail :

Title PRES
Name ALONSO, MARIA DR.
Address 3634 NW 11 ST.
City-State-Zip: MIAMI FL 33125

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: MARIA ALONSO

CEO

04/10/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date