

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 643908**

1. Entity Name  
**SELF AWARENESS WORKSHOP, INC.**



Principal Place of Business  
**420 S. DIXIE HIGHWAY SUITE 4-A  
CORAL GABLES, FL 33146**

Mailing Address  
**420 S. DIXIE HIGHWAY SUITE 4-A  
CORAL GABLES, FL 33146**



02222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1971906**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PEREZ, JOSEPHINE  
2215 S.W. 27 LANE  
COCONUT GROVE, FL 33133**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1107001536395  
05/08/06-RU 14-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
GRIFFITHS, SUSAN BATES  
12806 S W 67TH TERRACE  
MIAMI, FL 00000,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT  
PEREZ, JOSEPHINE  
2215 SW 27 LANE  
COCONUT GROVE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Josephine Perez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 22, 2006**  
Date

**(305) 666-7766**  
Daytime Phone #