

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G80641

1. Entity Name  
INTERNATIONAL UNIVERSITY OF PSYCHOLOGY, INC.



Principal Place of Business

7160 SW 21 ST  
APT. 3  
MIAMI, FL 33155

Mailing Address

7160 SW 21 ST  
APT. 3  
MIAMI, FL 33155

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**



02052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0270168

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, HAYDEE  
7160 SW 21 STREET  
#3  
MIAMI, FL 33155

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SOLER, MARIA A
STREET ADDRESS	<del>CALLE AMIGO 38, 1ST 2ND</del> MUNTANER 171, 4 <sup>a</sup> , 1 <sup>a</sup>
CITY-ST-ZIP	BARCELONA, SPAIN, 08036 BARCELONA Spain
TITLE	P
NAME	GARCIA, HAYDEE
STREET ADDRESS	7160 SW 21 ST #3
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000830266  
02/26/08-80077-002 150.00

**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:

*Haydee Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*February 5, 2008* (786) 290-4657

Date

Daytime Phone #