

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G80641

FILED
Feb 24, 2009
Secretary of State

Entity Name: INTERNATIONAL UNIVERSITY OF PSYCHOLOGY, INC.

Current Principal Place of Business:

7160 SW 21 ST
APT. 3
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7160 SW 21 ST
APT. 3
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0270168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SOLER, MARIA A
Address: CALLE AMIGO 38, 1ST 2ND
City-St-Zip: BARCELONA 21, SPAIN, OC

Title: P () Delete
Name: GARCIA, HAYDEE
Address: 7160 SW 21 ST #3
City-St-Zip: MIAMI, FL 33155

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SOLER, MARIA A
Address: 7160 SW 21 STREET # 3
City-St-Zip: MIAMI, FL 33155

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FEURTADO, JAMES D
Address: 5200 SW 8TH STREET SUITE 115
City-St-Zip: CORAL GABLES, FL 33134 FL

Title: D () Change (X) Addition
Name: FEURTADO, JAMES D
Address: 5200 SW 8TH STREET SUITE 115
City-St-Zip: CORAL GABLES, FL 33134 FL

Title: D () Change (X) Addition
Name: FEURTADO, JAMES D
Address: 5200 SW 8TH STREET SUITE 115
City-St-Zip: CORAL GABLES, FL 33134 FL

Title: D () Change (X) Addition
Name: FEURTADO, JAMES D
Address: 5200 SW 8TH STREET SUITE 115
City-St-Zip: CORAL GABLES, FL 33134 FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HAYDEE GARCIA

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date