

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G80641

**FILED**  
**Mar 09, 2011**  
**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:**

7160 SW 21 ST  
APT. 3  
MIAMI, FL 33155 US

**Current Mailing Address:**

7160 SW 21 ST  
APT. 3  
MIAMI, FL 33155

**New Mailing Address:**

7160 SW 21 ST  
APT. 3  
MIAMI, FL 33155 US

**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:**

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

03/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VD  
**Name:** SOLER, MARIA A  
**Address:** 7160 SW 21 STREET # 3  
**City-St-Zip:** MIAMI, FL 33155 US

**Title:** VD  
**Name:** GARCIA, HAYDEE VD  
**Address:** 7160 SW 21 ST #3  
**City-St-Zip:** MIAMI, FL 33155

**Title:** D  
**Name:** FEURTADO, JAMES D  
**Address:** 5200 SW 8TH STREET SUITE 115  
**City-St-Zip:** CORAL GABLES, FL 33134 US

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 ANGELES SOLER

MS

03/09/2011

Electronic Signature of Signing Officer or Director

Date