

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90041 021 ***150.00

DOCUMENT # G80642	
1. Entity Name INTERNATIONAL CENTER OF PSYCHOLOGY, INC.	
Principal Place of Business 7160 SW 21 ST APT 3 MIAMI, FL 33155	Mailing Address 7160 SW 21 ST 3 MIAMI, FL 33155 US



04102007 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 <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARCIA, HAYDEE
11780 SW 18TH ST
UNIT 5
MIAMI, FL 33165

*7160 SW 21 ST
#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, 2007 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 <i>Soler, Maria Angeles</i>
NAME	PORTUQUIN, JOAN A
STREET ADDRESS	CALLE AMIGO, 38 1ST 2ND
CITY-ST-ZIP	BARCELONA 21, SPAIN,
TITLE	VD
NAME	GARCIA, HAYDEE <i>7160 SW 21 St, #3</i>
STREET ADDRESS	11780 SW 18TH ST
CITY-ST-ZIP	MIAMI, FL 33165 <i>33155</i>
TITLE	STD
NAME	FEURTADO, JAMES D
STREET ADDRESS	5200 S.W. 8TH. ST.
CITY-ST-ZIP	CORAL GABLES, FL 33134
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:

Haydee Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 *390-4657*
Date Daytime Phone #