

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J69528

FILED
Apr 13, 2005
Secretary of State

Entity Name: MIAMI LAKES PROFESSIONAL COUNSELING CENTRE, INC.

Current Principal Place of Business:

C/O LAURA ESSEN
15485 EAGLE NEST LN #130
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

C/O LAURA ESSEN
15485 EAGLE NEST LN #130
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 59-2799986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESSEN, LAURA
15485 EAGLE NEST LN #130
MIAMI LAKES, FL 33014 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: D () Delete
Name: ESSEN, LAURA
Address: 626 CORAL WAY 302
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ESSEN, LAURA
Address: 626 CORAL WAY - #302
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAURA ESSEN

D

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date