

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62580

Entity Name: PSYCHOSOMA, INC.

FILED  
Mar 14, 2007  
Secretary of State

**Current Principal Place of Business:**

8766 SW 8TH ST  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

8766 SW 8TH ST  
MIAMI, FL 33174

**New Mailing Address:**

FEI Number: 65-0099477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MADERAL, LUIS  
8766 SW 8 STREET  
MIAMI, FL 33174 US

**Name and Address of New Registered Agent:**

MADERAL, LUIS R MR.  
8766 SW 8 STREET  
MIAMI, FL 33174 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: LUIS R. MADERAL

03/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MADERAL, LUIS,  
Address: 8766 SW 8 STREET  
City-St-Zip: MIAMI, FL 33174

Title: ST ( ) Delete  
Name: MADERAL, ELENA B.,  
Address: 8766 SW 8 STREET  
City-St-Zip: MIAMI, FL 33174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS R. MADERAL

P/D

03/14/2007

Electronic Signature of Signing Officer or Director

Date