2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# L02000015057

Entity Name: PSYCHOLOGICAL EDUCATORS & CONSULTANTS, LLC

Current Principal Place of Business:

1522 SAN IGANCIO AVE
MIAMI, FL 33146

New Principal Place of Business:

1522 SAN IGANCIO AVE
NO. 1
MIAMI, FL 33146

Current Mailing Address:

1522 SAN IGANCIO AVE
MIAMI, FL 33146

New Mailing Address:

1522 SAN IGANCIO AVE
ST. I
MIAMI, FL 33146

FEI Number: 03-0476513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, ALBERTO A
1200 BRICKELL AVENUE STE. 1680
MIAMI, FL 33131 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SALAORGIS, ELISA
Address: 12353 NW 46 LN
City-St-Zip: MIAMI, FL 33178

Title: MGRM ( ) Delete
Name: GARCIA-LAUREN, MARIA
Address: 1038 SW 115TH ST
City-St-Zip: MIAMI, FL 36136

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SALADRIGAS, ELISA
Address: 12353 NW 46 LN
City-St-Zip: MIAMI, FL 33178

Title: MGRM (X) Change ( ) Addition
Name: GARCIA-LARRIEU, MARIA
Address: 1038 SW 115TH ST
City-St-Zip: MIAMI, FL 36136

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIA GARCIA-LARRIEU MGRM 04/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date