2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# L34887

Entity Name: PSYCHOLOGICAL & EDUCATIONAL CENTER FOR CHILDREN AND ADOLESCENTS, INC.

Current Principal Place of Business:

2519 GALIANO ST, SUITE 712
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2519 GALIANO ST
SUITE 712
CORAL GABLES, FL 33134 US

Current Mailing Address:

2519 GALIANO ST, SUITE 712
CORAL GABLES, FL 33134 US

New Mailing Address:

2519 GALIANO ST
SUITE 712
CORAL GABLES, FL 33134 US

FEI Number: 65-0160969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AZARET, MARISA
2519 GALIANO ST.
SUITE 712
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: D
Name: AZARET, MARISA
Address: 1865 BRICKELL AVE A-1708
City-St-Zip: MIAMI, FL 33129

Title: D
Name: UMBEL, VIVIAN
Address: 1581 BRICKELL AVENUE APT.1204
City-St-Zip: MIAMI, FL 33129

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: MARISA AZARET D 01/06/2011

Electronic Signature of Signing Officer or Director Date