


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90005 007 ***150.00

DOCUMENT # M04484 1. Entity Name DIRECT PSYCHOANALYTIC INSTITUTE, INC.	
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Principal Place of Business 7160 SW 21 ST. APT 3 MIAMI, FL 33155 US	Mailing Address 7160 SW 21 ST. APT 3 MIAMI, FL 33155 US
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DO NOT WRITE IN THIS SPACE



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0270411	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GARCIA, HAYDEE 7160 SW 21 ST. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOLER, MARIA ANGELES 10001 AMIGO DR, 1ST FLOOR Muntaner 171, 4a, 1a BARCELONA, SPAIN. 08036 BARCELONA, Spain
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARCIA, HAYDEE 7160 SW 21 ST., #3 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FEURTADO, JAMES 5200 SW 8TH STREET CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

2/5/08 290-4657
Date Daytime Phone #