

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006658

FILED
Apr 17, 2006
Secretary of State

Entity Name: FAMILY SUPPORT & TRAINING CENTER, INC.

Current Principal Place of Business:

7344 SW 48TH ST., SUITE #302
MIAMI, FL 33155

New Principal Place of Business:

7344 SW 48TH ST.,
SUITE #302
MIAMI, FL 33155

Current Mailing Address:

7344 SW 48TH ST., SUITE #302
MIAMI, FL 33155

New Mailing Address:

7344 SW 48TH ST.,
SUITE #302
MIAMI, FL 33155

FEI Number: 20-3311891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASTRO, JOSEFINA P LCSW
7344 SW 48TH ST., SUITE #302
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

CASTRO, JOSEFINA P LCSW
7344 SW 48TH ST.,
SUITE #302
MIAMI, FL 33155 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: JOSEFINA P. CASTRO

04/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTRO, JOSEFINA P LCSW
Address: 7344 SW 48TH ST., SUITE #302
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: ARANGO, LISA L PH.D.
Address: 7344 SW 48TH ST., SUITE #302
City-St-Zip: MIAMI, FL 33155

Title: O () Delete
Name: MANRIQUE, MARIA E
Address: 7344 SW 48TH ST., SUITE #302
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA ARANGO, PH.D.

D

04/17/2006

Electronic Signature of Signing Officer or Director

Date