2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010470

FILED Apr 30, 2009 Secretary of State

Entity Na	me: COUNSE	EL AND THERAPY FOR CHAI	NGE INC.		
Current Principal Place of Business:			New Principal Place	e of Business:	
15600 NW APT. 209 MIAMI, FL	7TH AVENUE	<u> </u>			
,			New Mailing Addre		
Current IV	lailing Addres	· · · · · · · · · · · · · · · · · · ·	New Mailing Addre	55.	
APT. 209	7TH AVENUE	<u> </u>			
MIAMI, FL FEI Num ber	: 20-5677931	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address	lame and Address of New Registered Agent:	
13149 SW MIAMI, FL The above	e of Florida.		purpose of changing its register	ed office or registered agent, or both,	
Electronic Signature of Registered Agent			ent	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (VALLE, JORGE 13149 SW 11 I MIAMI, FL 331	ANE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	YORDANIS, BE	AVENUE # 209	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S/T () LOPEZ, OLGA 18020 NW 10 (СТ	Title: Name: Address: Cityst-Zin:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: JORGE A VALLE PTE 04/30/2009