

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000944

FILED  
Jan 06, 2006  
Secretary of State

Entity Name: GUIDANCE-HALL, INC.

## Current Principal Place of Business:

9801 N. MIAMI AVE.  
MIAMI, FL 33150

## New Principal Place of Business:

16330 N E 2ND AVENUE  
MIAMI, FL 33162

## Current Mailing Address:

9801 N. MIAMI AVE.  
MIAMI, FL 33150

## New Mailing Address:

16330 N E 2ND AVENUE  
MIAMI, FL 33162

FEI Number: 65-0814268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ST. JULES, GUSTAV M  
9801 N. MIAMI AVE.  
MIAMI, FL 33150 US

## Name and Address of New Registered Agent:

ST. JULES, GUSTAV M  
16330 N E 2ND AVENUE  
MIAMI, FL 33162 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: GUSTAV M. ST. JULES

01/06/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ST. JULES, GUSTAV M  
Address: 9801 N. MIAMI AVE.  
City-St-Zip: MIAMI, FL 33150

Title: SD ( ) Delete  
Name: ST. JULES, MONKRUMAN B  
Address: 9801 N. MIAMI AVE.  
City-St-Zip: MIAMI, FL 33150

Title: TD ( ) Delete  
Name: BALLA, DIDA  
Address: 9801 N. MIAMI AVE.  
City-St-Zip: MIAMI, FL 33150

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ST. JULES, GUSTAV M  
Address: 16330 N E 2ND AVENUE  
City-St-Zip: MIAMI, FL 33162

Title: SD (X) Change ( ) Addition  
Name: ST. JULES, MONKRUMAN B  
Address: 16330 N E 2ND AVENUE  
City-St-Zip: MIAMI, FL 33162

Title: TD (X) Change ( ) Addition  
Name: BALLA, DIDA  
Address: 16330 N E 2ND AVENUE  
City-St-Zip: MIAMI, FL 33162

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: GUSTAV M. ST. JULES

PD

01/06/2006

Electronic Signature of Signing Officer or Director

Date