


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90288 028 ****61.25

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| DOCUMENT # N99000005533 |  |
| 1. Entity Name FENIX COUNSELING CENTER, INC. | |

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| Principal Place of Business 13512 NE 24 CT. NORTH MIAMI, FL 33181 | Mailing Address 13512 NE 24 CT. NORTH MIAMI, FL 33181 |
|---|---|

94054973

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02192004 Chg-NP CR2E037 (10/03)

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|--|--------------------------------------|
| 4. FEI Number NOT APPLICABLE | 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 GONZALEZ, CRISTOBAL J 13512 NE 24 CT. NORTH MIAMI, FL 33181 |
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| 7. Name and Address of New Registered Agent Name JUAN ASPAJO Street Address (P.O. Box Number is Not Acceptable) 21350 NE 8TH CT # 3 City MIAMI FL Zip Code 33179 |
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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.

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| SIGNATURE CRISTOBAL J. GONZALEZ | DATE 03-20-04 |
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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| OP GONZALEZ, CRISTOBAL J 13512 NE 24 CT. NORTH MIAMI, FL 33181 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| DV ROJAS, BERNARDO 13512 NE 24 CT. NORTH MIAMI, FL 33181 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Delete |
| DS GONZALEZ, MARIA 13512 NE 24 CT. NORTH MIAMI, FL 33181 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| DV ASPAJO, JUAN 21350 NE 8TH CT. # 3 MIAMI, FL 33179 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| DS ROJAS, BERNARDO 13512 NE 24 CT N. MIAMI, FL 33181 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.

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| SIGNATURE: CRISTOBAL J. GONZALEZ | DATE 03-20-04 |
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