2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 05, 2009
Secretary of State

DOCUMENT# N99000005533

Entity Name: FENIX COUNSELING CENTER, INC.

Current Principal Place of Business:

13512 NE 24 CT
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

13512 NE 24 CT
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRISTOBAL, GONZALEZ J
13512 NE 24 CT
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GONZALEZ, CRISTOBAL J
Address: 13512 NE 24 CT
City-St-Zip: NORTH MIAMI, FL 33181

Title: DV ( ) Delete
Name: ROJO, JOSE
Address: 13512 NE 24 CT
City-St-Zip: MIAMI, FL 33181

Title: DS ( ) Delete
Name: ASPAJO, JUAN
Address: 13512 NE 24 CT
City-St-Zip: NORTH MIAMI, FL 33181

Title: MS (X) Delete
Name: OCHOA, LUCIA
Address: 13512 NE 24 CT
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition
Name: MIKOLAJCZYK, NICOLLE M
Address: 7155 NW 173RD DRIVE #1203
City-St-Zip: MIAMI, FL 33015

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 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: CRISTOBAL J. GONZALEZ DP 07/05/2009

Electronic Signature of Signing Officer or Director — Date