## **FILED** May 24, 2002 8:00 am Secretary of State

Daytime Phone #

## FOR PROFIT CORPORATION

	All OKIN DOSHAL	JO ILLI VILI	(0)		05-24-2	2002 91341 (	007 ***150.00
DOCUM	MENT # POIDC	10011641					
1. Entity Name Solutions Educational and Psychological							
2010	Services, Inc.						
* MEASO EL REGLESO		Aug Thabasa Bayanya	Julian Walia	Kari Hisisa			
DO NOT WRITE IN THIS SPACE							•
		a Parkas (17 millione et res est.) La la la como esta de la como	Confloder to			•	
2. Principal Pla	ace of Business -	3. Mailing Address					
548 Cambridge Drive "Same"					DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WR		IE IN THIS SPAC	,E
City & State	City & State	/ & State		4. FEI Number 65 - 109519	<u>~</u>	Applied For Not Applicable	
	e Ston, FL Country Zip		Country		5. Certificate of Status Desired S8.75 Additional		
Z\$2 €££	326			Fee Required  7. Name and Address of Current Registered Agent		·	
	Name						
					P.O. Box Number is Not Acceptable)		
	IN THIS SP	박 소문에서 그리노들은 가장 연락하다 보다가 되었다.		78	P.O. Box Number is Not Acceptable	.A.q	
eri, jedi s og er Stenden er er statist				19.0	a notes wor		
				City W 9	eston	FL	Zip Code 33326
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.							
SIGNATURE _	Signature, typed or printed name of registered agent a	and little if applicable. (NOT	E: Registered	Agent signature required	when reinstating)	DATE	
,	ation is eligible to satisfy its intangible	January 1 - N	10. Election Campaign Fi		\$5.00 May Be		
Tax filing requirement and elects to do so.  (See criteria on back)  Amended UB  Make Check Payable to				\$61.25	Trust Fund Contribution	on. 🗆	Added to Fees
11.	OFFICERS AND	Skilling Street, and the street of the street of the street	221.2		AN THE STATE OF THE	re division de	Francisco de Sp. 18.
TITLE	Director	•	, TITLE NAME			en li	7.57
NAME STREET ADDRESS	548 cambridg	6 Dune	105-757	TADDRESS			
CITY-ST-ZIP	Weston FL.	33376	*CTY=S	ST-ZIP			CR2E034B
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TITLE NAME.	'		NAME,				
STREET ADDRESS CITY-ST-ZIP			\$325. £30	TADORESS #	DO NOT	WRITI	
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NAME			NAME	TADORESS			
STREET ADDRESS CITY: ST-ZIP			\$35,777	ST <sub>1</sub> ZIP <sub>C 28</sub>			FARTERS IN
TITLE			MILE				
NAME STREET ADDRESS			NAME	T ADDRESS	APTER MESTALE LEADER OF T	PARTE A	
CITY-ST-ZIP			42 D.48	ST: ZIP			LAPS VISTOR
TITLE			THILE	and the state of the state of			
NAME STREET ADDRESS			NAME STREE	T ADDRESS			
CITY-ST-ZIP ®			. Federal lin	ST-ZIP			
13. 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 comporation or the receiver of the comporation of the receiver of the composition of the composition of the composition of the receiver of the composition of the receiver of the composition of the composition of the receiver of the composition of the compositio							
of the corporation or the receiver er trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.							
DOLLATION V KILL () of MILL (PAUL DOLNICK) 5-8-02 9514671002							