

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000020503

1. Entity Name
PROFESSIONAL COUNSELING & DIAGNOSTIC INC.



FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90007 026 ***150.00

Principal Place of Business
815 N HOMESTEAD BLVD
STE 427
HOMESTEAD, FL 33033

Mailing Address
815 N HOMESTEAD BLVD
STE 427
HOMESTEAD, FL 33033



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08022007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-1077876

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPINTO, JOSEPH
30370 OLD DIXIE HWY STE 182
HOMESTEAD, FL 33033

Name

Street Address (P.O. Box Number is Not Acceptable)

815 N Homestead Blvd.

Suite 427

City Homestead

FL Zip Code 33033

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE V ☒ Delete
NAME LOPINTO, JOSEPH
STREET ADDRESS 30370 OLD DIXIE HWY STE 182
CITY-ST-ZIP HOMESTEAD, FL 33033

TITLE ☐ Delete
NAME MIRYAM Serrano
STREET ADDRESS 30370 OLD DIXIE HWY STE 182
CITY-ST-ZIP HOMESTEAD, FL 33033

TITLE ☐ Delete
NAME PRESIDENT,
STREET ADDRESS Secretary
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 815 N Homestead Blvd, Suite 427
CITY-ST-ZIP Homestead, FL 33033

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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.

SIGNATURE:

Miryam Serrano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miryam Serrano

8-9-07

Date

Daytime Phone #