

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-21-2006 90022 016 ***150.00

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| DOCUMENT # P01000090768 | | | | | | | | | | | | | | | | | |
| 1. Entity Name P & S COUNSELING SERVICES, INC. | | | | | | | | | | | | | | | | | |
| Principal Place of Business 2020 N.E. 163RD ST., STE. 300 NORTH MIAMI BEACH FL 33162 | | | Mailing Address 2020 N.E. 163RD ST., STE. 300 NORTH MIAMI BEACH FL 33162 | | | | | | | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | | | | | | | | | |
| City & State | | | City & State - | | | | | | | | | | | | | | |
| Zip | | Country | | Zip | | | | | | | | | | | | | |
| Country | | Country | | 4. FEI Number 65-1121154 | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent SPEARS, PAMELA D DR. 85 NW 122 STREET MIAMI FL 33168 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | | | | | | | | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when registering) | | | | | | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | | | | | | | | | | | | | |
| DATE | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State. | | | | | | | | | | | | | | | | | |
| 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | | | | | | | | | | | | |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>[Signature]</i> | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | | | | | | | | | | | |
| Date: 3/6/06 Daytime Phone: (305) 949-155 | | | | | | | | | | | | | | | | | |